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Ь			FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 7 9 2 8	3 5 9 /
1	1	1	DECEASED NAME FIRST	WIODIE	LAST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
(IA	1)		FRA	NCES MAE	ANDERSON	NOVEMBER 8	1979 7:30 Pm
	1	1	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR		FUNDER I YEAR IF UNDER 24 HRS
A 191	0 440	1	FEMALE	WHITE	SEPT 16 1938	41 YRS	
4 1	2 2	d	OUNTRY	76 CITIZEN OF WHAT COUNTRY?	MARRIED ENEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	
deat deat	5 50	1	NEW JERSEY	U.S.A.	WIDOWED DIVORCED	PRINCE GEORGES (COUNTY MD.
201 us ofter by the f	filed wit	8	ANDREWS AIR FORCE BASE	(IF NOT IN SUCH FACILITY, GIVE STREET MALCOLM GROW US	AF MEDICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY
MARYLAND 21; ed within 24 hav impletely filled in	hould be	5	USUAL RESIDENCE (IF NURSING HOMI 130. STATE 13b CC MARYLAND PRI		E AOMISSION) 13d. INSIDE CITY LIMITS? WS AFB YES \(\text{NOXX} \)	13e STREET ADDRESS 4366-A LARGO LA	ANE
ARYL.			4 FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
MA ted v	puo V	00	JACOB	FIELD	Myrtle		Scott
Xecu xecu	ges	1	60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)		ADDRESS 4366	-A LARGO LANE
BALTIMORE, onto be executed by siction and control or c	s. Po		NO	147-28-	6468 RICHARD AND	ERSON (H) ANDREWS	AFB, MD 20335
(DS, 201 W. PRESTON equires that the death of signed by the attendin	Then please remove co to burial, cremotion, njury, or other trouma			DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) IT CONDITIONS CONTRIBUTING TO	state missott	AINAL DISEASE OR CONDITION GIVEN	V IN PART 1(o)
AL RECORDS, The low requirence.	grene prior shows ony	2	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19% CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY!	WERE FINDINGS USED ING CAUSES OF DEATH?
I OF VIT.	ental Hygirlem 18 sh	9	OR CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR	T 1 OR PART 2)
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ITAL OR by the ho	detocher tote Dep NT: If Item		22b. SIGNATURE	on four		MEDICAL STAFF DIRECTOR PHYSICIAN	8 Nov 79
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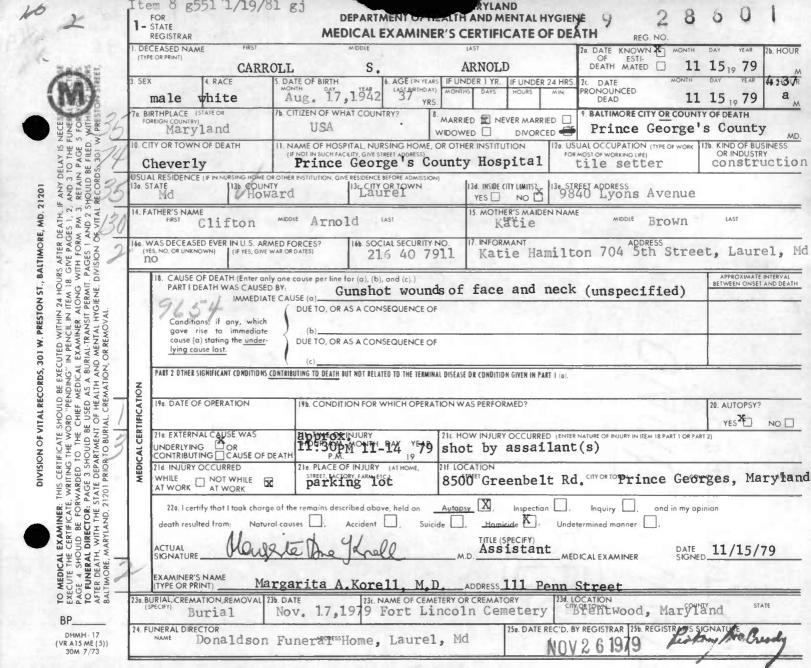
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16a.	WAS DECEASED EVE YES, NO, OR UNKNOWN)	(IF YES, GIVE WA	R OR DATES)	189 30 6		. INFORMAN		ch	Same		# 13		146
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		ot I took chorge o	couses ,	Accident ,	1071 on Autopsy Suicide	ভিন	FY)	Inquiry	onner D	ond in my DAT SIGI	opinion	, 1/3/ 7	Md.

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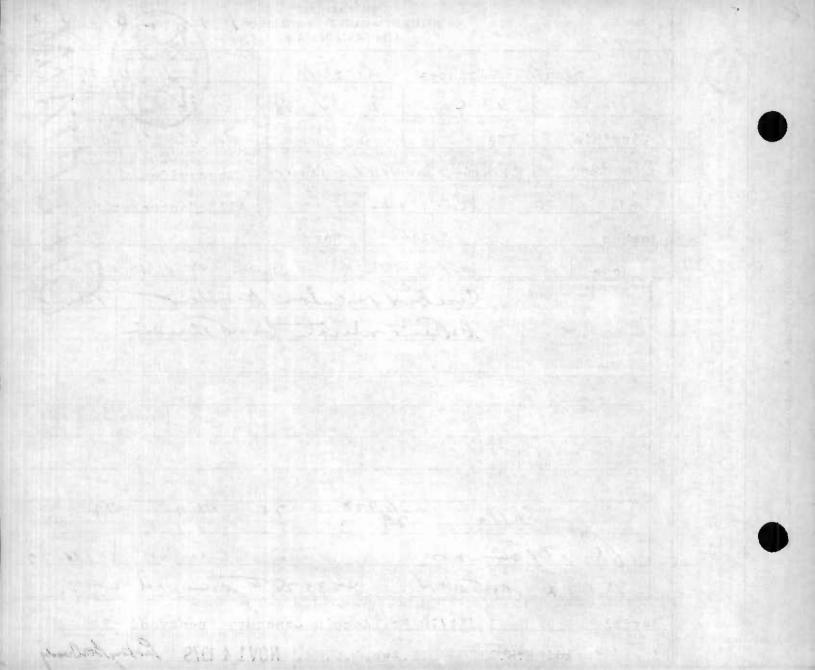
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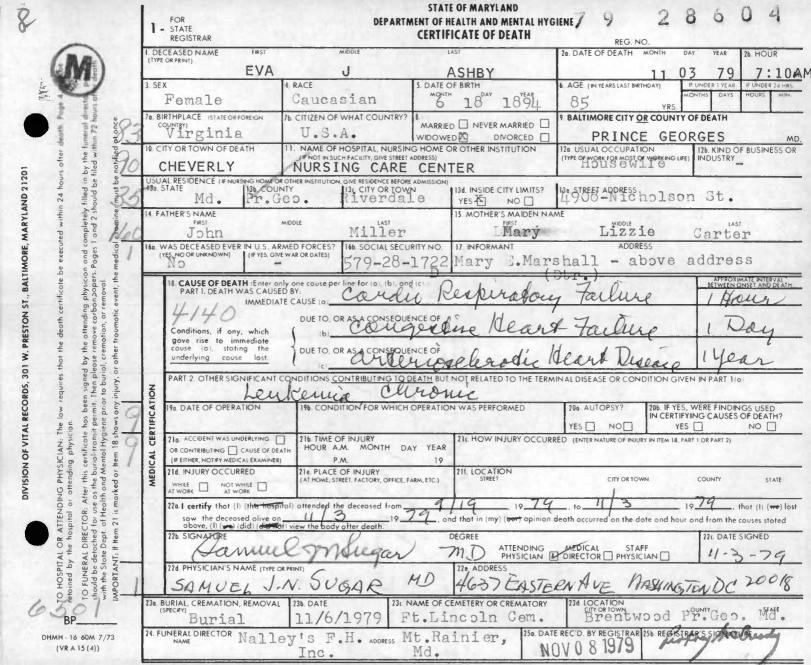
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often death. Page 4 m retained by the haspital or attending physician.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The retorned by the hospital or attending physician.
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10	1 - :	OR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		7 9 REG. N		3 5	0 2
t death	1. DECE (TYPE OF	ASED NAME FIRST, PRINT) BETNIC	^	race	S DATE C		6 AG	ATE OF DEATH	_	- 79	3'.22 Am IF UNDER 24 HRS
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201 rs ofter deart filed = thin 7	Ta	hington, D.C. OR TOWN OF DEATH Koma Park	11. NAME OF H	HEACILITY, GIVE STREET Shington	Adven	D DNORCED ROTHER INSTITUTION tist Hospi	N 12a U	akoma Pa SUAL OCCUPATI DF WORK FOR MOST O Vernment	ON	126 KIND O	F BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs rettending physician and completely filled in by 4 her this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon propers. Pages 1 and 2 should be fille the and Mental Hygiene prior to burial, cremation, ar removal. In and Mental Hygiene prior to burial, cremation, ar removal. In and Mental B shows any injury, or ather traumatic event, the medical examiner must be not account of the medical examiner must be not account.		RANT OTHER SIGNIFICAN	DUE TO (b)	R AS A CONSEQUENTIAL OF THE STATE OF T	WCE PR	RELATED TO THE	Y GN	VISEASE OR CON	DITION GIVE		MATE INTERVAL MASET AND DEATH
VITAL RECORI	I FIE	a DATE OF OPERATION 10 ACCIDENT WAS UNDERLYING	7 21b. TIME O	F INJURY		N WAS PERFORMED	YE	AUTOPSY?)N CERTIFY YES		GS USED OF DEATH?
R ATTEND haspital a RECTOR: view of far use for use fem 21 is men	WEDICAL	OR CONTRIBUTING CAUSE OF DE- LIFE ETHER, NOTIFY MEDICAL EXAMINER; IND. INJURY OCCURRED WHILE NOT WHILE AT WORK 20.1 certify that (1) this hospi deceased alive on one of the control of	P., 21e. PLACE (AT HOME, STR	M. OF INJURY DEET, FACTORY, OFFICE,	The or	211 LOCATION STREET 19_ d that in(my) (our) op	JC, to	CITY OR TOV	1 4	9 200 DATE:	
TO HOSPITAL Or retained by the TO FUNERAL DI shauld be detact with the State Do IMPORTANT. If the		PHYSICIAN'S NAME (TYPE O		[23c.	NAME OF C	ATTENDI PHYSICI 22. ADDRESS	IAN DIRE	CTOR PHYSIC	IAN [(1/16	STATE
BP DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUN	BURIAL BERAL DIRECTOR T. Rhines Co	11-24- 3030-1	79 L	,	25	amily M	lount Ple	asant.		rginia

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•	1			STATE OF MARYLAND	2 0	0 2 6 0 3
	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		20000
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5 S	3 SE	Female	White	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT)	MONTHS DAYS HOURS M
e .	7a. B	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	8		YRS. R COUNTY OF DEATH
or onc	3 9	Virginia	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	-	rges Co.
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St b	130	AL RESIDENCE (IF NURSING HOME OR OT STATE 13b COUNTY	13c. CITY OR TOW	N 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	
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t, the		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), an	119/	4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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E		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	Collerate for	hard plan	usi-
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othe		underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
ō		PART 2 OTHER SIGNIFIC ANT CO	NOITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN ALDISEASE OR COND	DITION CIVEN IN PART 1/-
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oux C	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
S N	1 1 2				YES NO	IN CERTIFYING CAUSES OF DEATH?
sho	1 %	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21¢ HOW INJURY OCCUR		
8 m 18		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR		
2 /	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
3	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) STREET	CITY OR TOW	N COUNTY STATE
Ē		220.1 certify that (I) (this haspital) attended the deceased from_	11 120 1926		. 19 7 9 , that (I) (we)
21 is		the deceased alive on	11 / 0 19	9, and that in (my) (our) opinion	death occurred on the do	te and hour and from the causes stated
Hem.		274 SIGNAJURE	view the body offer deoth.	DEGREE		22c. DATE SIGNED
*		15 mg	0	ATTENDING PHYSICIAN [MEDICAL STAF	11/11/34
MPORTANT	-	22d. PHYSICIAN'S NAME (TYPE OR PR	RINT)	22e. ADDRESS	_ DIRECTOR _ PHYSICI	AN LITTING
ORT		RIZA	MISTARN	42-35-265	To pro-	nd sous!
IMPORTANT	220	BURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d. LOCATION	.,, - 3
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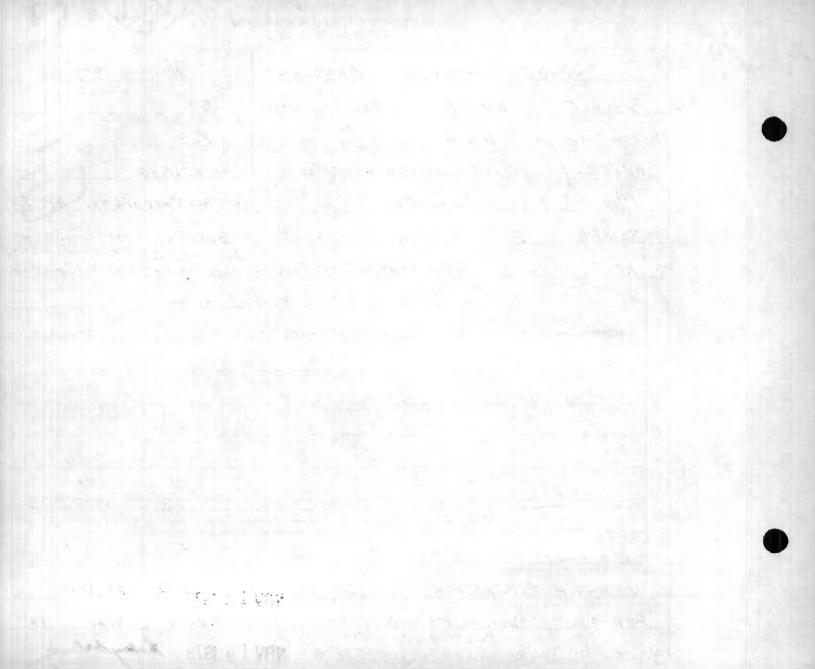
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ÆCESSAR ONERAL:	7	FO	RTHPLACE (ST	FEET MENTER	U.S.A. S. MARRIED NEVER MARRIED S. BALTIMORE CITY OR COUNTY S. MARRIED						RCOUNTY	OF DEATH	M			
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_ > "	PETAL FCOR PECOR PETAL P	13a. S	TATE TYPE TYPE	IF IN NURSING HOME OF	OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISSIO OR TOWN	N)	13d. INSIDE (I		13e. STRE	et address	5	Place		
RE, MD. : DEATH. GES 1, 2	MORE, MD. 2 TER DEATH. IF PAGES 1, 2, FORM PM 3. S. 1 AND 2 SI DN OF VIVIE	S	THER'S NAME FRST		MIDDLE A	C	urry			rst [abat]		MIDE		Bla	aden	
SALTIMO RS AFTER GIVE PA	GES SION	16a. V	no, or unkno	n/s	VAR OR DATES)	041	OL 702		Janet	t Bar	el o y	Same	ADDRESS	# 13	APPROXIMATE INT	
ORDS, 301 W. PRESTON ST., BALTIMORE, MD. 21201 E EXECUTED WITHIN 24 HOURS AFTER DEATH. IF AN BING" IN PENCIL IN 11EM 18. GIVE PAGES 1.2. AND	DICAL EXAMINER ALONG S A BURIAL-TRANSIT PERMI H AND MENTAL HYGIENE, ATION, OR REMOVAL.	z	Condition gove ris cause (a) lying cou	F DEATH (Enter only ATH WAS CAUSED IMMEDIATION IMMEDIATION IMMEDIATION IMMEDIATE IMMED	(b)	AS A CON	SEQUENCE C	SCA-				Can	oles b	Becu		ND DEATH
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OICAL EXAMINER: 1	PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BAITMORE, MARYLAND, 21		deoth resulte	Augus	al couses ,	Accident	O, Suit	Autop	Hamica TITLE (SI	PECIFY)	Undeter	Inquiry Imined monr	ner .	DATE SIGNED	11-6-7	9 Md.
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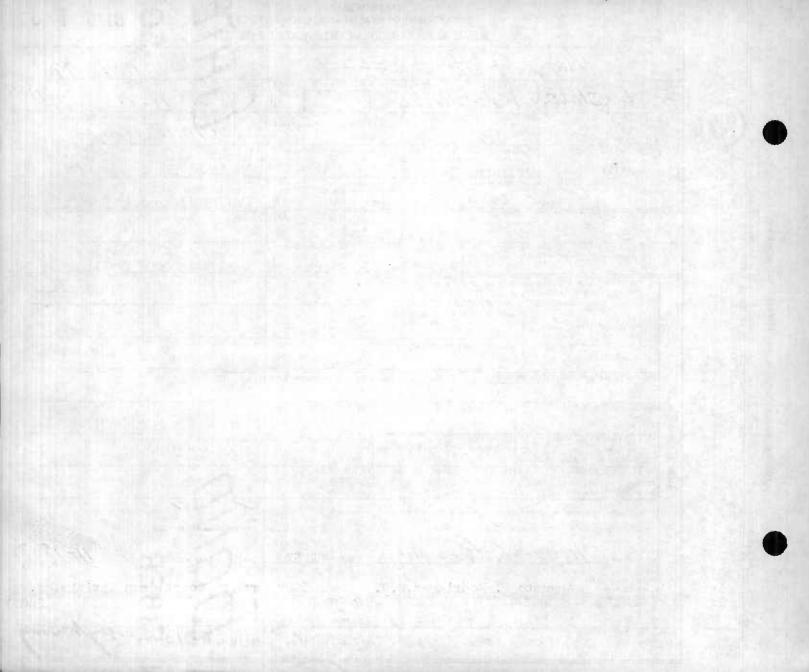
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LAN B S S S S S S S S S S S S S S S S S S S	14 6	ATHER'S NAME	G. BAURE	YES NO 1	8803 HANTHON	ENE-LAXE APT. T3
MARY maplete and 2	1	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
SE, M.	160. \	JAMES NAS DECEASED EVER IN U.S. AR	B. GORDON		GORDON	ALEXANDRIA
MORE e executor ond or Poges	(E WAR OR DATES) 577_18-	4974 TAMES EDEDE	ZIPCON - 3346	TVIRGINIA BEACH NA.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rathending physician. The chair certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remave carbon papers, Pages 1 and 2 should be file than and Mental Hygierne prior to burial, cremation, or removal. The control of the property of the property of the medical against may be not acked or them 18 shows any injury, or other traumatic event, the medical against may be not acked or them.		18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), or	rife Janie	IL STATE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIAT	D BY:	tricular Fibril	lation	BETWEEN ONSET AND DEATH
		4140	DUE TO, OR AS A CONSEQU	ENCE OF		1/
		Conditions, if any, which gave rise to immediate	(b) COROWA	1 1 - 1	10515	Years
		couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF		
			(Ic)			
	Z	HUnert	Ension : 5	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	ON GIVEN IN PART 1(0
	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDINGS USED
TALR The le sicion. The los sicion.	TIE				YES NOS	CERTIFYING CAUSES OF DEATH? YES NO
N OF VITAL R. SICIAN: The lang physician. certificate has broad-transit per lental Hygiene tem 18 shows		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2)
NO NO TSICL Ing p	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
VISION VISION G PHYS offendir offendir s the bu ond Mi	MEC	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	PARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTEND optol or USE for use of Heal		27g L certify that (I) (Mis trans	tal) attended the deceased from	Oct. 23 10 79	to Nev.	16, 19 27, that (I) (-c) lost
		sow the deceased alive an	Nov. 6 10	79 , and that in (my) (opinion a	. 10	nd hour and from the couses stated
		22b. SIGNATURE	t) view the body ofter death	DEGREE		22c. DATE SIGNED,
Al O the CAL D detoc of the D. Tr. If it		Norman H.	Kubenstein	M, D ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/17/79
HOSPITAL ined by th FUNERAL wild be det h the Store		224 PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS		
TO HOSPITAL OR A retained by the hoss TO FUNERAL DIREC should be detached with the State Dept.		NORMAN H. R	UBLENSTEIN	359 SCOTT DI	RIVE COLFS.	VILLE, IND.
	23a. E	BURIAL, CREMATION, REMOVAL	1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
0201 BP		BURIAL JNERAL DIRECTOR		DLAKN MEMORIALGAR	FIS NORFOLK REC'D. BY REGISTRAR 256. B	N/A VA
DHMH - 16 60M 1/75 (VR A 15 (4))	11	NAME OF YOUR	1 7601 SAND	y or kind the		DISTRAK'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME DATE KNOWN IN (TYPE OR PRINT) OF DEATH MATED DATE PRONOUNCE DEAD TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia U.S.A. DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Retired Gov. Prince Georges Hospital Gov. Cheverly IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HIGH TENTE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING HIGH TENTE IN INSIDE (ITY LIMITS? 13e. STREET ADDRESS Prince George Hillcrest. NO [3107 Bellbrook Court Maryland YESTE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jackson Saunders Helen Percy 16b. SOCIAL SECURITY NO 17. INFORMANT 3107 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) Bellbrook 227-30-1230 Curtis S.Bell Husband No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line the fall (b), and (c). PART I DEATH WAS CAUSED BY: Dagnico Coulmina IMMEDIATE CAUSE (6 DUITO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? S SHOULD BE US DEPARTMENT OF YES NO T 216 TIME OF INJURY 71a EXTERNAL CAUSE WAS 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian Undetermined manner death resulted fram: Hamicide TITLE (SPECIFY) TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL I
AFTER DEATH,
BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Court, Camp Springs, Md Augusto Rodri 23d, LOCATION STAT 20037 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY Nov. 24.79 Riverview Cemetery Richmond Burial Hurrt Funeral Home 1205 K St.N.E. Wash.D **DHMH-17** (VR A15 ME (5)) 15M 7/76



CHEVERLY PRINCE GEORGE'S GENERAL HOSPITAL CERTS CONTROL A PARTY SANTON

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	PE OR PRINT)	Elizabe	o+h	3.6	חק ביל בי		OF ESTI- DEATH MATED	n	
3. SE	X	4. RACE	S. DATE OF BIRTH			IF UNDER 24 HRS.	2c. DATE	MONTH DA	9 19 79 AY YEAR 20
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10 (ITY OR TOWN	OF DEATH		SPITAL, NURSING HON			UAL OCCUPATION (TYPE OF WORK 12b.	KIND OF BUSIN OR INDUSTRY
	heverly		Prince	George's Ge	neral Hosp	ital M	MOST OF WORKING LIFE)		Clerk.
1USL 13a.	AL RESIDENCE STATE	(IF IN NU ING HOME O	OR OTHER INSTITUTION, C	13c. CITY OR TOWN	13d. INSIDE CI	TY LIMITS? 13e STE	REET ADDRESS		
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	PART I DE	DF DEATH (Enter on EATH WAS CAUSE		e for (a), (b), and (c).) entricular					APPROXIMATE INT
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FOR

- STATE

3119 Lake Avenue Unknown Same as # APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NO [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ____, and that in (my) (our) opinian death accurred on the date and haur and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN EVERLY STATE Nov/27 Cedar Hill Crematory Suitland, P.G. Co., Maryland Cremation 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS DHMH-16 25M (VRA 15, 4) 1/79 Riverdale, Maryland Chambers Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2h. HOUR

12h KIND OF BUSINESS OR

U.S. Gov't.

IF LINDER 24 HRS

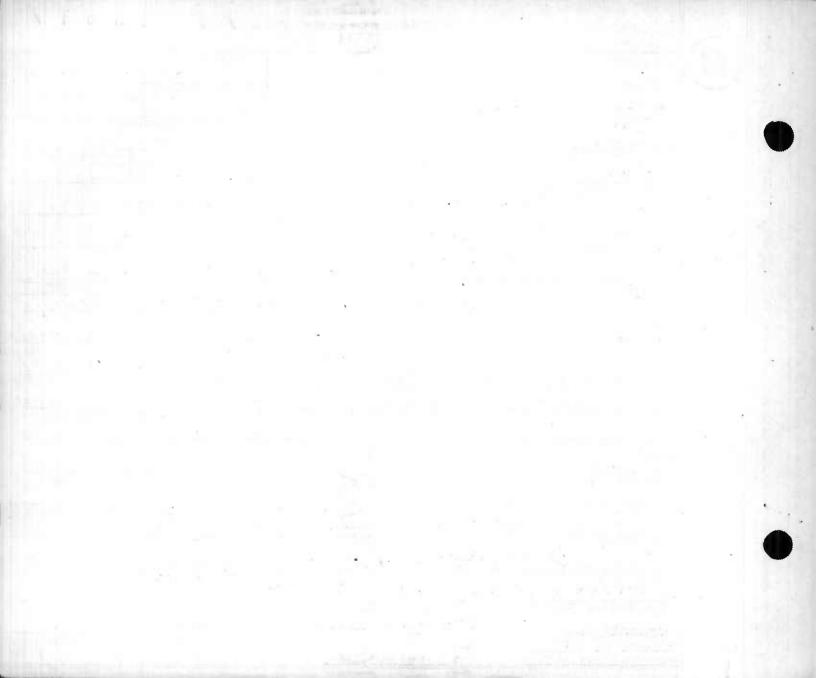
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INDUSTRY

DAYS



11-26-79 7:21 64 FLAIR LEWIS 'RIKE GEORGE'S CHEVERLY PRINCE GEORGE'S CENERAL HOSPITAL Many James B. D. Co., Cherry Vision C. S. Smith and James and S. Co. ARTER OSCUEROTIC HEART FISEASE PROBABLE BRONCHIAL PUBLIMINA DON & CAMERON MAD



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M)	I. DE	CEASED NAME FIRST EDGAR BC	BLETT		AST	20. DATE OF DEATH 9 NOVEMBEI		YEAR	26 HOUR 1048 A M
ecto Jrs pri	3. SE	X MALE	4. RACE WHITE	5 DATE C	F BIRTH VEMBER 19 19	6. AGE (IN YEARS LAST BIR)		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN
in 72 ho	WE	ST VIRGINIA	U.S.A.	TRY? 8 MARRIE WIDOWE	D NEVER MARRIED [PRINCE GEO			MD
See and with		REWS AIR FORCE	BASE MALCOLM	TREET ADDRESS)		120 USUAL OCCUPATI	ON F WORKING LIFE)		F BUSINESS OR
miled in	USU.	AL RESIDENCE (IF NURSING HOME OR STATE RGINIA ARLIN	TY 13c CITY OR		13d INSIDE CITY LIMITS?				TON VA
and 2 sh	1	NJAMIN F	RANKLIN BOB	LETT	15. MOTHER'S MAIDEN I			LAST EAU	
Poges .	16a V	vas deceased ever in u.s. ar/ (es nd or unknown) (if yes, give 194	war or dates) 6-1966 235-40		DORIS J. BO	OBLETT/WIFE /			
or to buriot, cremation, crinjury, or other traumo	TION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT C		TO DEATH BUT					
Tronsit permit 1 Hygiene prio 18 shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO		200 AUTOPSY?	YES [NG CAUSES (GS USED OF DEATH? NO
Mentol Hys		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART	1 OR PART 2}	
rkedor	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN	COUNTY	STATE
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VI. If Item		226 SIGNATURE	es.		DEGREE ATTENDING PHYSICIAN			9 NO	NV 79
should be det with the State IMPORTANT:		ROLANDO B. CADI	Z,MAJ,USAF		22e ADDRESS MALCOLM GRO	W USAF MEDICA	AL CTR.	ANDREW	IS AFB M
, 3 ≤ 		Burial, cremation, removal Burial Jueral director	23b. DATE 11/14/79		emetery or cremator on National	23d LOCATION CITY OF TOWN Arlingto	n.	Vi)	state rginia
50M 7/77 15 (4))	IV	INERAL DIRECTOR SAME SE Funeral Home	,2847 Wilson I	Blvd., Ar	lington, VA.	PATE RICH BY REGITAS	256 REGISTI A	Contraction of	McGrody



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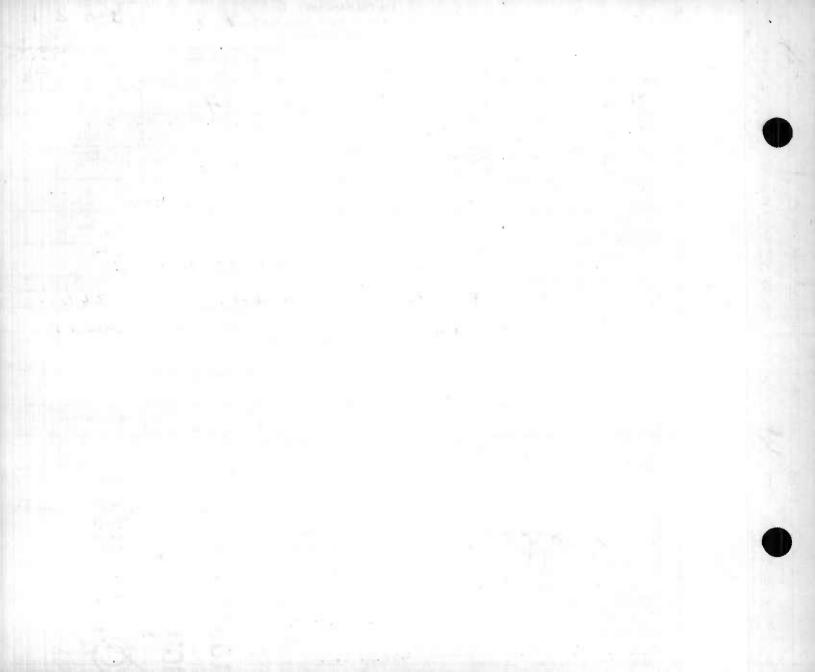
by do X		FOR - STATE	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	GIENE 7 9	28619	
N/C		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
7-(MA)		I DECEASED NAME FIRST (TYPE OR PRINT)	AIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR	
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E 0 9		3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTH		
ge 4		FEMALE	WHI NEGRO	FEBRUARY 7 1940	39	YRS.	
Pol die		70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED TO NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
nero in 72	70	NORTH CAROLINA	U.S.A.	WIDOWED DIVORCED		RCES COINTY MD.	
he fu with		ANDREWS ALREATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 126. KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FEDERAL		
101 rs of by the	28	FORCE BASE		SAF MEDICAL CENTER	SECRETARY	GOVERNMENT	
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rely 2 sh		14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		
MAR w band and male	100	FRANK (NMI)	Bryant	LTZZIE	REE	Lorance	
m 5 8 6	1	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRE	ss6124 AUTH ROAD	
BALTIMORE one be exect system and cystem and		(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	2-5699 ELIZABETH D	DOOKED CAM	P SPRINGS MD 20023	
RECORDS, 201 W. PRESTON ST., low requires that the death certific is been signed by the attending physical Then please remove carbon paremit. Then please remove carbon so remote a sony injury, or other froumatic even sony injury, or other froumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	overspilatory arrest	MINAL DISEASE OR CONE 200 AUTOPSY? YES M NO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART 1(a) 706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
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ADIN AF		220 I certify that (1) (this ha	spital) attended the deceased from	n 240ct 1975	10 30 10	(27/ , 19 / 9, that (1) (we) last	
Puto Porto P		saw the deceased plive	on 30 // 19 not) view the bady after death.	79, and that in (my) (our) opinio	n death occurred on the da	ite and hour and from the causes stated	
hos hed hed hed tem		226. SIGNATURE	A A	DEGREE		22c. DATE SIGNED	
the Dorte Do		Mren	M. Seen Mi)	ATTENDING PHYSICIAN	MEDICAL STAF		
O HOSPITAL TO FUNERAL should be det with the Stote MPORTANT;		22d. PHYSILIA TO NAME (11)	E DEFENT)	22e ADDRESS			
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TO H shoul		THEFFEREY ST	The state of the s	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
704BP		SPECIFY) Burial	N == 05-06-1 1	Arlington Nation	CITY OR TOWN	ver. Virginia	
DHMH - 16 50M 7/77 (VR A 15 (4))		24 FUNERAL DIRECTO	M. Delete	11 /2 D 250. D	TE REC'D. BY REGISTRAR	zer. Virginia zsb. Registrar's signature	

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8		1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 7 9	2 8 6	2 1
y be ge 3 leoth			CEASED NAME CHAF	RLES H. B	RANHAM	AST	10 05 79	TH DAY YEAR	2:41A
nge 4 ma rectur, po un after o		3 SE	Male	Black.	5. DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
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ompletely and 2 s	60		ATHER'S NAME FIRST Robert Branham	MIDDLE LAST		IS MOTHER'S MAIDEN NAME FIRST Etta Salo	omon	LA	AST
be execu	medica /		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GM YES	E WAR OR DATES)	SECURITY NO 17-4561	Eleanor Brai	ADDRESS nham/wife/sam		
e death certificate e attending physic mave corbanpape nation, or remaval	traumatic event, the m		Conditions, if any, which gave rise to immediate	TE CAUSE (0) Right DUE TO, OR AS A CONS	- Cenel	rovasular.	attock.	APPROBLIMENT 3	
w requires the been signed I mit. Then plea	ws any injury, ar other	CERTIFICATION	couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 1% CONDITION FOR W	TO DEATH BUT		200 AUTOPSY? 20	b. IF YES, WERE FIND I CERTIFYING CAUSE	INGS USED S OF DEATH?
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H A P	rked or i	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OR	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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DHMH-16 2: (VRA 15, 4) 7			John T. Rhines	Co., 3015 12+1		250 DATE	E REC'D. BY REGISTRAR 15%	PL-	TURE Proofs



Funeral Home Inc

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A NO		Canditians, if any, which gave rise to immediate (b)	
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Z 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2 2 1 2		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , and in my opin	0100
AINE FICA THE AND,		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner ,	
EXAA CERTI UILD E DIREG WITH		1 TITLE (SPECIFY)	
¬ m O = T, ≤		ACTUAL SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED	11/2019
MEDICA ECUTE TH GE 4 SH FUNERA TER DEAT		EXAMINER'S NAME Augusto P. Rodriguez, M.D. 5009 Rayburn Ct., Camp Spri	- Nd 20022
TO MEDIC EXECUTE 1 PAGE 4 S TO EVNER AFTER DEE BALTIMOR		(TIPE OR PRINT)	ings,Ma.20031
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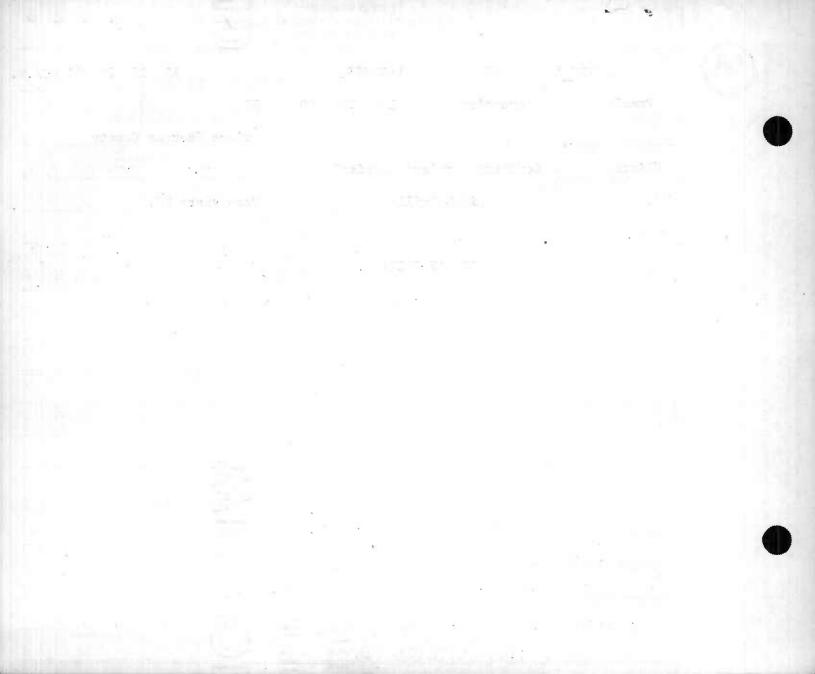


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141	e mo			spital) attended the deceased from	5/28/77 19		9, that (I) (we) lost	
for	21 i		sow the deceased alive	on 11/8/79 19 nat) view the body after death.		death occurred on the date and hour	and from the causes stated	
hed	ferri		226. SIGNATURE	indir viewine body direr dedit.	DEGREE		22c. DATE SIGNED	
etoc	\$ <u>7</u>		DAMILLO1	mounde	MY ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/9/79	
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ohs.	3 4	230	BURIAL, CREMATION, REMOVA	AL 236. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION		
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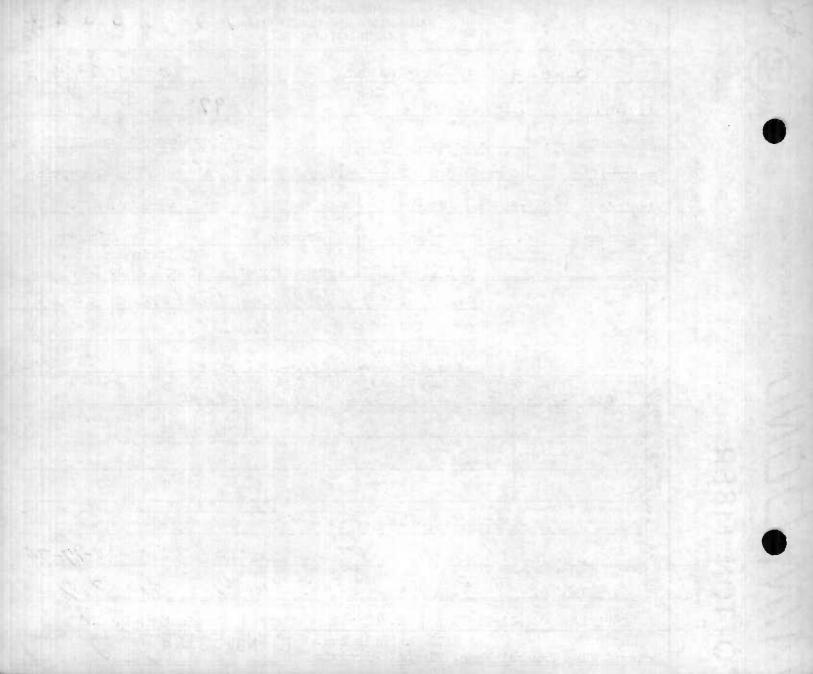
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FVIT	WORD WORD THE CH ID BE US BURIAL,	ERTIF	THE EXTERNAL CAUSE WAS	21h, TIME OF IN		71s. HOW INJURY OC	CURRED (INTERNATION	THE OF PAULET BY HEM 18 FA		X NO []
ONO	THE TO THE HOULD	CALC	UNDERLYING OR CONTRIBUTING CAUSE OF	1000-1000-1000-100	AONTH DAY YEA	R				
DIVISI	VER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN: CATE, WRITING THE WORD "PENDING". IN PENCIL IN IT FORWARDED TO THE CHEE MEDICAL EXAMINER AL DR. PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT FHE STATE DEPARTMENT OF HEALTH AND MENTAL HYGE LD, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDI	THE INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	STREET, PACTOR	INJURY (AT HOME. Y, FARM, ETC.)	21F. LOCATION STREET	c	ITY OR TOWN	COUNTY	STATE
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	RECTO		death resulted form	iral couses	ccident S	ricide	uto o	nined manner		
	CAL EX THE CE SHOUL RAL DI RAL DI ATH, V		ACTUAL SIGNATURE	Mack 90	Man	M.D. Deput	Chief	AL EXAMINER	DATE 11/	/27/79
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: 9 AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:		EXAMINER'S NAME Thor	nas D. Smitl	n, M.D.	ADDRESS			n Street	
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AND 24	The Contraction	7		fax	Vienna	YES X NO	220 Lawyers I	Rd. N.W.
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			Money & King Fune	ral Home.	vienna, Vii	ginia		



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

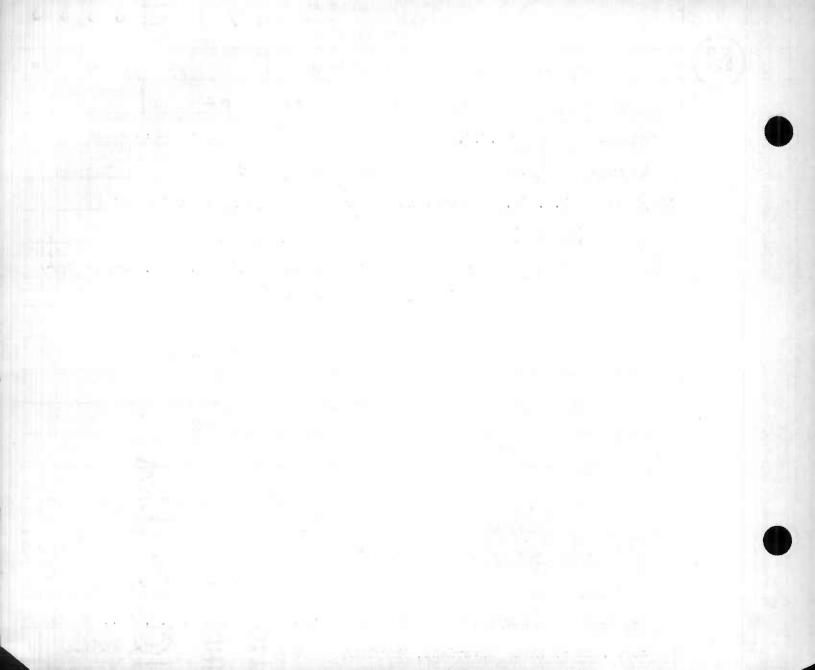
CERTIFICATE OF DEATH

FOR

- STATE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

	1 -	FOR STATE REGISTRAR			D	EPARTA	AENT OF H		YLAND ID MENTAL HYG F DEATH	HENE 7 S	REG. NO	2	8 6	3	4
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low DHMH - 16 50M 7/77 (VR A 15 (4))

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OC SEAS	BAL	23 a. Bl	JRIAL, CREMATION, PECIFY) Burial		DATE L/21/79	23c. NAME OF CE Burke Me	METERY O		23d. LOCATION CITY OR TOWN Morganton	Burke	CO. N. (
DHMH (VR A15 N 15M 7/	AE (5))		NERAL DIRECTOR NAME Orge P. Ka		ADDRESS	6160 Oxon ne Oxon Hi	Hill Ll, M	Rd. 250. DATE TO	10 V 2 3 1979	b. REGISTION	Mily Malla	y

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME MIDDLE 2n. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) 15 1979 1:45P CECCONI NOVEMBER DAWN 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNGER I YEAR IF UNDER 24 HRS MONTH DAY YEAR HOURS WHITE APRIL. 13 1930 FEMALE 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. GREECE WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE HOME ANDREWS AIR FORCE BASE/MALCOLM GROW USAF MED CTR HOMEMAKER 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 4404 RENA ROAD #2 PRINCE GEORGES/FORRESTVILLEYES XX MARYLAND IA FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE XENOPHON LAMPIRI MARIA GRAVARI 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRES: (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 4404 RENA ROAD #2 483-46-2361 CHARLES/HUSBAND NO MARYLAND 20028

APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ELECROMECHANICAL DISSOCIATION IMMEDIATE CAUSE (a), S A CONSEQUENCE OF PULMONARY EDEMA Canditians, if any, which gave rise to immediate couse 101, stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 FROM BREAST a CANCER 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? 15 NOV 79 be METASTASIS NO YES [NO [Mental Hygi 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK OCTOBER 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 15 NOVEMBER 19 10 L5 NOVEMBER and that in (my) (aur) apinian death occurred an the date and have and from the causes stated abave, (1) (we) (did) (and not) yew the bady after death Dept 27b. SIGNATURE DEGREE 22c. DATE SIGNED 4 MD ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTANT be St 22d. PHYSICIAN'S NAME (TYPE OR PI 22e ADDRESS ld b MALCOLM GROW USAF MEDICAL CENTER JOSE ROJAS MAJ USAF MSC ATR FORCE BASE MARYLAND 20335 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE Arlington Nat. Cemetery Arlington BP BURIAL Va. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 ADDRESS (VR A 15 (4)) George P. Kalas 6160 Oxon Hill Rd. Oxon HillMd

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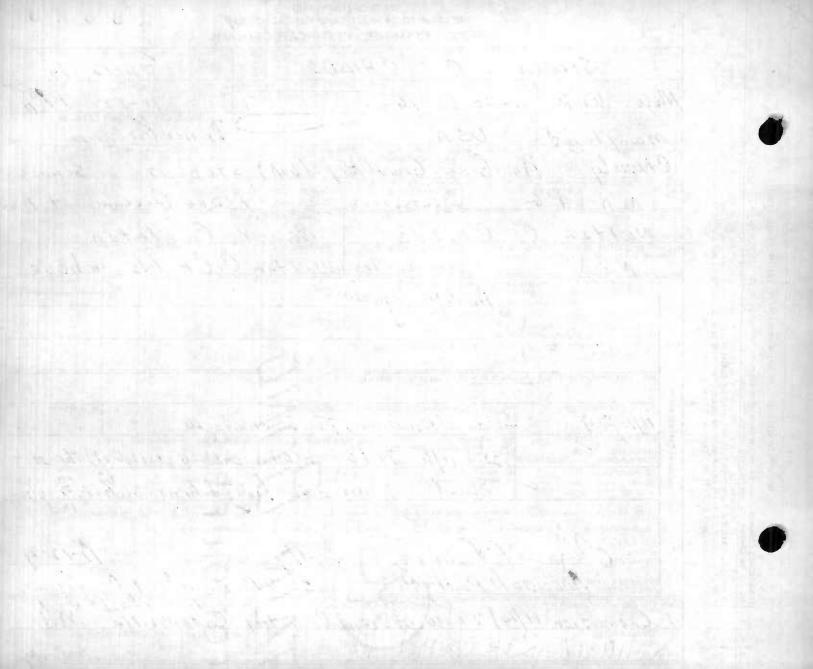
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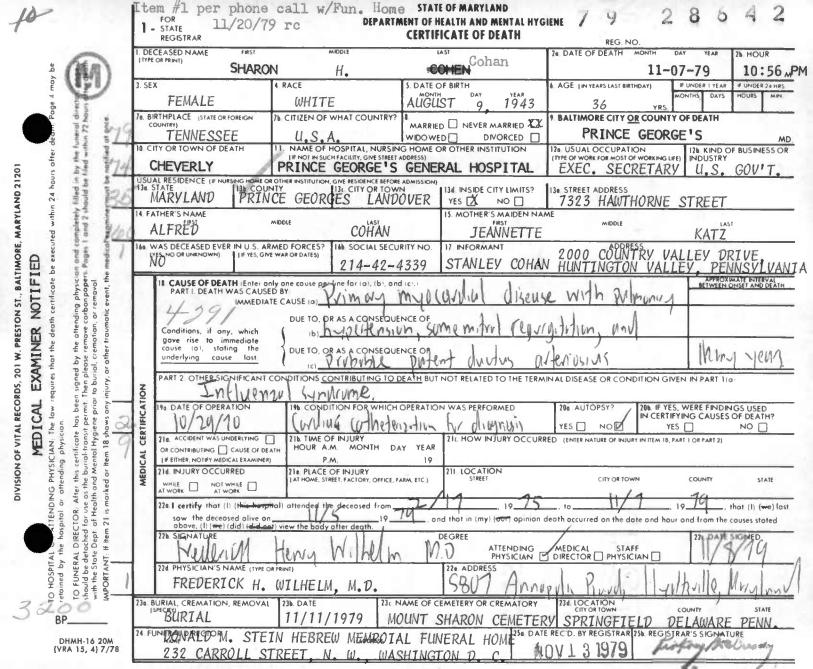
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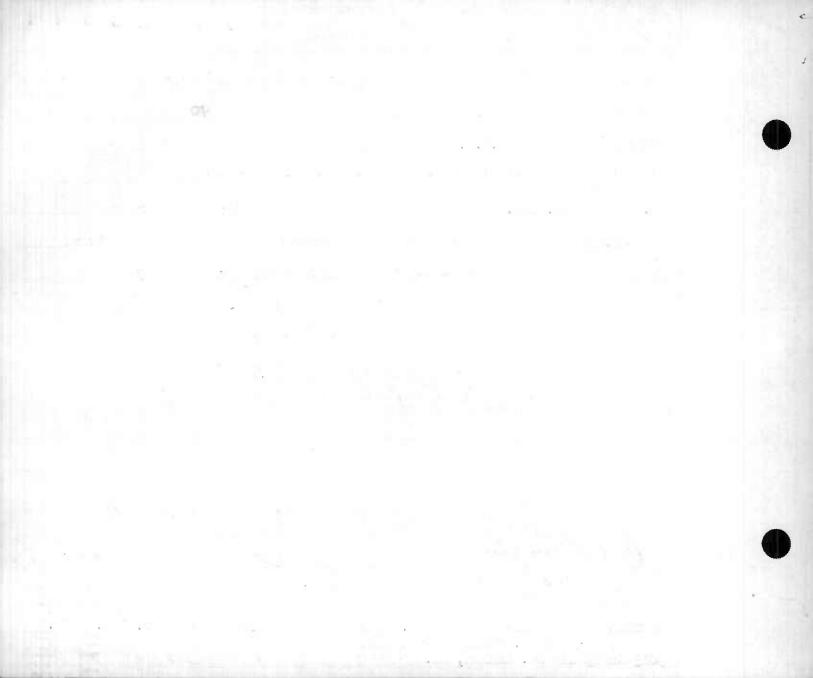
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16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCE	16b. SOCIAL SECURITY NO. 17. INFORMANT 215-80-915-2 Walter	C. Childs -abov	0
7	Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-lying cause last.</u>	b)	APPROXIMATE INI. BETWEEN ONSET AN	TERVAL ND DEATH
z		c)).	
CERTIFICATION	19a DATE OF OPERATION 19b.	condition for which operation was performed?	20. AUTOPSY? YES 1	NO 🕝
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16	ACTUAL SIGNATURE PREGUNTS Y	Policy M. Je (SPECIPY)	MEDICAL EXAMINER SIGNED 11-12-	4
2.	EXAMINER'S NAME ALCUSTO	D. Reddigles ADDRES 5009 K	Papum Court, Camp Jus	ges_
BALTIMORE, MA	URIAL, CREMATION, REMOVAL 21 DATE	23 PANAME OF SMETERY OR CREMATORY 23	LOCATION 12 DOG STATE	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 7 19 70 Mi chael Wood Cook DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED July 1, 1948 19791 31 yps Male White DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Ja BIRTHPLACE (STATE OR MARRIED IN NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED □ Prince George's County. DIVORCED IQ CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Prince George's General Hosp. (DOA) self emp. Construction Cheverly D BE RDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Upper Marlborg No North 30. STATE Geo. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cook Mever George Lucile ADDRESS St. Michaels, 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? iff FC if. PAGES 1 DIVISION (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219/48/3784 Mr. George Y. Cook (father) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL, YES IN NO 21a, EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TOR MEDICAL driver of auto which struck parked auto 3:30pxx 11 CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC. COUNTY P. G. CO STAND. CITY OR TOWN nr. Good Luck Rd. New Carrollton. street AT WORK AT WORK Inspection and in my apinian 22a. I certify that I took charge of the It described obove, held an ARYLAND TO MEDICAL EXAMIN
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PAGE 4 SHOULD BE
TO FUNERAL DIRECTO
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BALTIMORE, MARYLAN Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) ACTUAL Deputy Chiefedical EXAMINER 11/17/79 SIGNATURE EXAMINER'S NAME 111 Penn St. Thomas D. Smith. M.D. Balto., MD.. TYPE OR PRINT ADDRESS 23c. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Church Centivor Pasadena MATTERIOR DATE REC'D. BY REGISTRAR 256, DESTRAR SECONATURE 230. BURIAL, CREMATION, REMOVAL 23b. DATE Nov.19.79 Burial 24 FUNERAL DIRECTOR **DHMH - 17** Singleton Funeral Home, Glen Burnie, MDN (VR A15 ME (5)) 30M 7/73

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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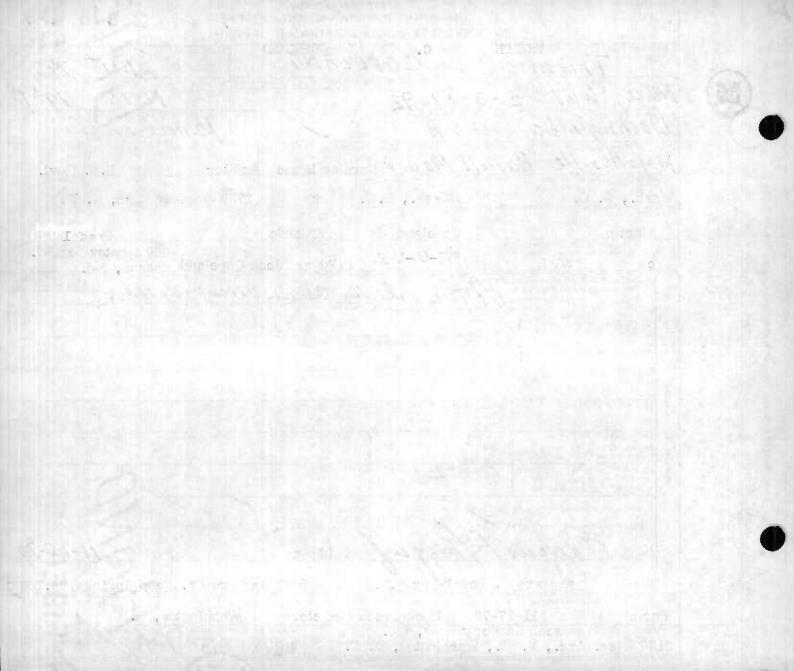
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212 d in d be	130.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE		136. INSIDE CITY LIMITS?	13e STREET ADDRESS		
within 24 hou within 24 hou and 2 should be		Md. 136 COUN	G. Acco	keek	YES NO 1	15601 Li	vingston A	Road
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MAR wed w	1	William Oscar				sephine B		AST
E. A	16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO	17 INFORMANT	ADDRE	55 15605 1	ivingst
MORE,	(YES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	0-5646	-D Herbert	Conela	nd Accok	eek, Mdon
NLTIA re be re be refs. F	\vdash				Po Helbelo	o. oobela		XIMATE INTERVAL N ONSET AND DEATH
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ON ST.	-	1 H 1 G IMMEDIAT	E CAUSE (a)	ANT/E	CNIC CINGINA O	T B VEAR	2	A GRES
01 W. PRESTON S: that the death cer deby the attending lease remove carbo ial, cremation, or re or other troumatic e		1147	DUE TO, OR AS A CONS	EQUENCE OF				
rhe deat the atten the atten ter traum	13	Conditions, if any, which gave rise to immediate	(b)	1-1-1				
Y the		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF				
ol w d by leose iol, cr		onderlying coose lost.	((c)					
m 8 2 2 5 5	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PART 1	(0)
ECORDS, w requir been sign mit. Then prior to b any injury	CERTIFICATION							
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ON OF HYSICIAI ding ph burial-th burial-th mental an Hental	SAL S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	1111	19				
PHYSI ending this ce buring the buring don'the	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	THE FARM FIG.	211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
DIVISION OF PLOT OF THE THE COST OF THE COST OS OFT OF THE COST OS	2	WHILE NOT WHILE AT WORK	(A) HOME, STREET, PACTORY, O	PRICE, PARM, ETC.		CITOKIO		SIAIL
3 de A e D		220.1 certify that (I) (this hospi	ral) attended the deceased for	om	19.7.2		1/ 19 29	, that (I) (we) last
OR ATTEN e hospital DIRECTOR: oched for us Dept. of He		sow the deceased alive an	t) view the body after death.	19 75 , 0	nd that in (my) (aur) apinion d	eath occurred on the do	ote and hour and from th	e couses stated
OR AT DIRECTOR DE		22b. SIGNATURE	1) view the body after death.		DEGREE		22c. DAT	ESIGNED
. E 9 =		m-n	astbollo a		ATTENDING	MEDICAL STAP		11/20
E 0 5 0 5 4	-	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		Tee ADDDESS			
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TO HOSP TO FUNE should be with the S	-		Vedzbala M.C				yland	
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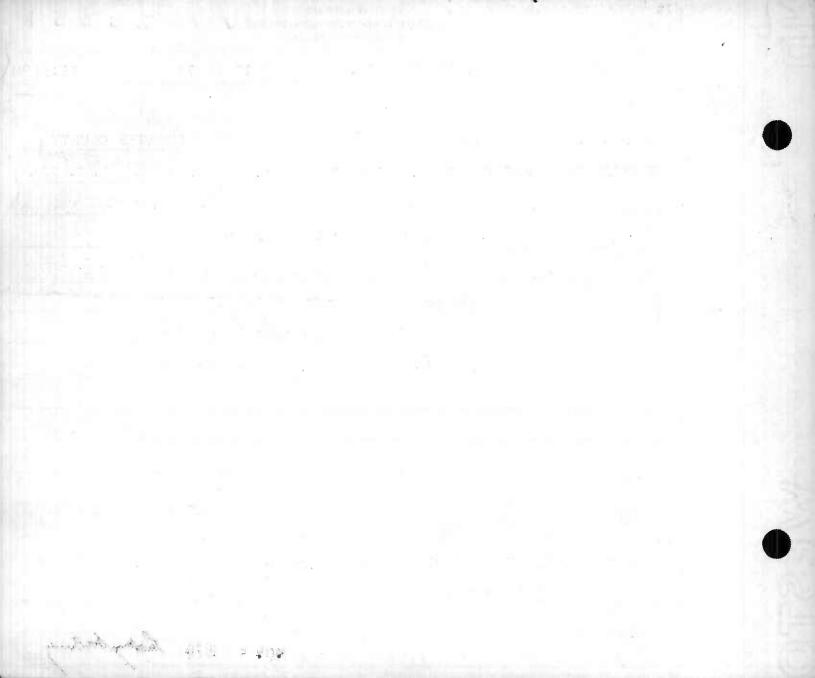
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Walant		PE OR PRINT)	THERON	MIDDLE C COPE	LAND	20. DATE KNOWN (OF ESTI-	MONTH DAY YEAR 16 HOUR	2
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PAGE FILE	10.0	yatts ville	11 NAME OF HO	ACALITY ON STREET ADDRESS)	sing Home	120. USUAL OCCUPATION (TY) FOR MOST OF WORKING LIFE) Auditor	VPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY U.S. Goyt.	
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P AND RET. SHOULD		ash., D. C.	01411	Wash., D.C.	YESX NO	2709 Woodley 1	Road, N. W.	
		ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST	=
E, MD.	1	Martin	WIDDLE	Copeland	Amanda	MIDDLE	Pascal	
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NATH,	-	SIGNATUR	mux 1.7	my fresh	M.D. Deputy	MEDICAL EXAMINER	SIGNED	-
EDIK NOR NOR	7	EXAMINER'S NAME	wate D De	dust Vinne N. D	5000 D	and come Char	- Ci Nd 2002	7
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E E E E E		BURIAL, CREMATION, REMOVA (SPECIFY)	11-17-79	Rock Creek		Washington,	D COUNTY STATE	
BP		Burial FUNERAL DIRECTOR JOSE		s Sons, Inc.		EC'D. BY REGISTRAR 25b. PGG		-
DHMH - 17 (VR A15 ME (5))				Vashington, D. C		2 1 1979 Lin	try Ma Brooky	
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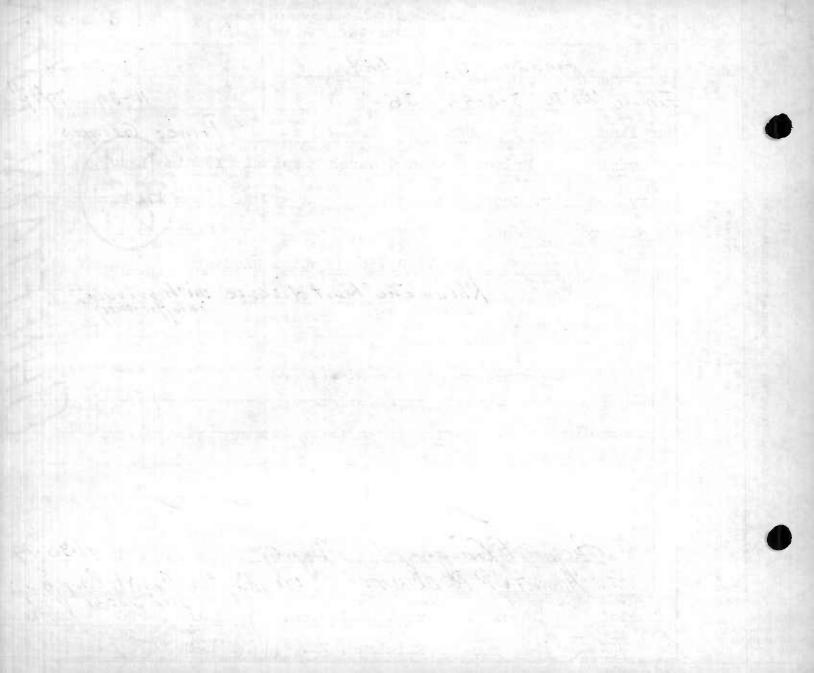


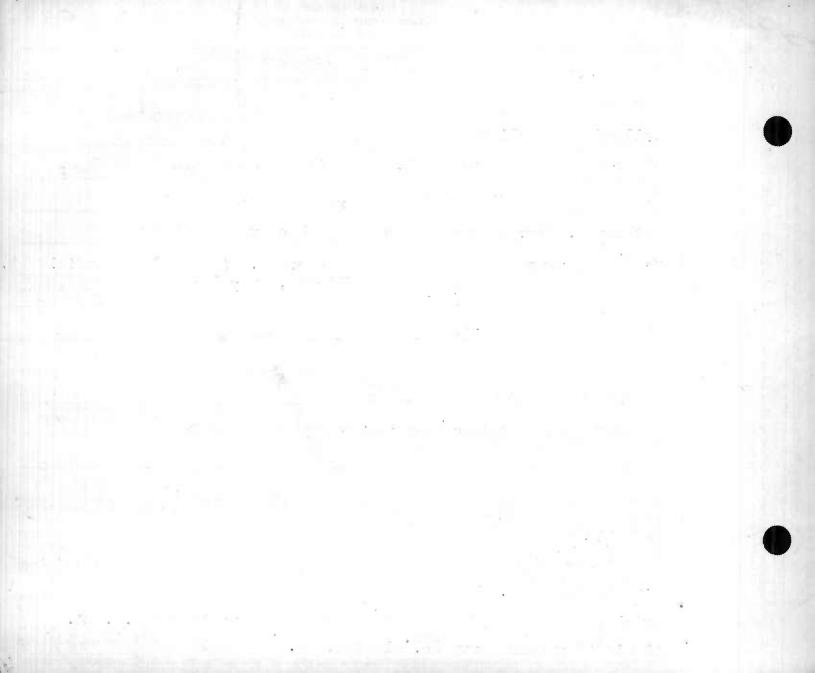
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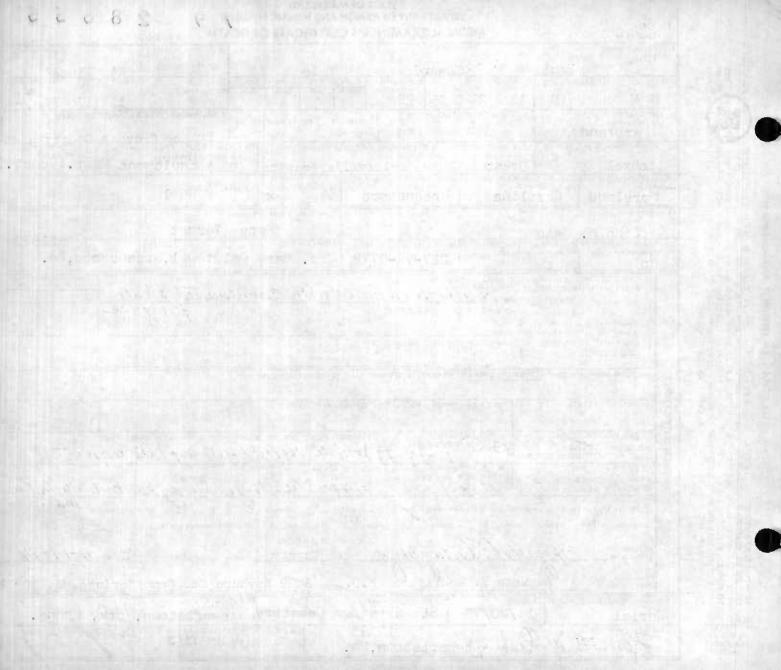
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 8 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 70. DATE KNOWN F. MONTH	0 0 2
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1 DECEASED NIAME FIRST MIDDLE LAST	
The County of th	DAY YEAR 26. HOUR
DEATH MATER TO	29 1979 N
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS I MIN PRONOUNCED	DAY YEAR 34 HOUR
Finale White 3-5-43 36 yrs.	1979 PP N
78. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 170. NEVER MARRIED 170. COUNTY OR COUNTY	OF DEATH
3. SEX 4. RACE 5. DATE OF BIRTH MONTH MONTH JAPA 3. SEX 4. RACE 5. DATE OF BIRTH JAPA 3. SEX 4. RACE 5. DATE OF BIRTH JAPA 3. SEX 4. RACE 5. DATE OF BIRTH JAPA 3. SEX 4. RACE 5. DATE OF BIRTH JAPA JAP	rals MD
11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IN CHAPTER) THE CHAPTER OF HOSPITAL HOSPITAL HOSPITAL FORMOST OF WORKING HOME. OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK IN CHAPTER) THE CHAPTER OF HOSPITAL HOSPITAL FORMOST OF WORKING HOSPITAL FORMOST OF WORK HOSPITAL FORMOST OF	OR INDUSTRINGS
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NO 217 42 1560 Louise Higdon Sa	APPROXIMATE INTERVAL
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UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 THE PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTRIED COUNTR	
716. INJURY OCCURRED WHILE AT WORK 716. PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY OF TOWN)	STATE STATE
AT WORK AT WORK	
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apir	sian
ACTUAL ACTUAL PAGE (SPECIFY)	11 9 70
ACTUAL SIGNATURE REQUESTS - BODING M.D. FOREITY MEDICAL EXAMINER SIGNED	11-30-19
Service of the servic	1 0
EXAMINER'S NAME FUGUSTO P. ADDELLAUGY ADDRESS 500 9 Kay Sum Count, C	aup sures
236 BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 234 LOCATION MC 246 CITY OR TOWN	STATE
1302 Burial 3Dec1979 Forest Hills Cem. Clinton PG	Maryland
NIVI 17 001 1 770	CALATURE
OHMH-17 20M 1/73 (VR A15 ME (5)) OHMH-1	NATURE





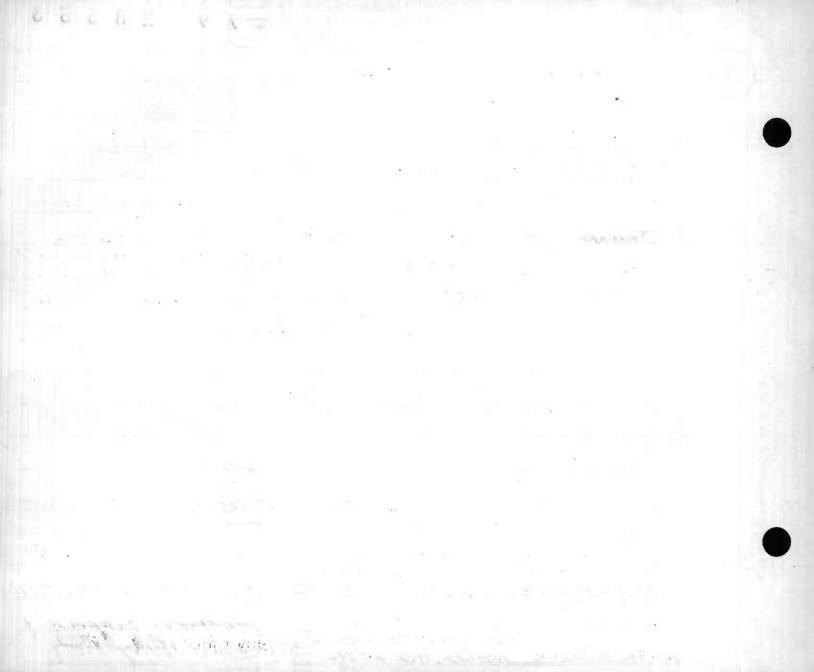
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7	16a V	VAS DECEASEI	DEVER IN U.S.	ARMED F	ORCES?		IAL SECURIT		17. INFORMA				ADDRE			101	21	639
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		18 CAUSE O	F DEATH (Enter	only one	cause per line	for (a), (b)	, ond (e).)								T	APPROX	CIMATE II	NTERVAL AND DEATH
		PARTIDE	ATH WAS CAL	SED BY:	M	11	le in 1	11110-	with	con	nmu	mi Te	1/ 5	14/1	/	BETWEEN	ONSET A	ND DEATH
	-	215	J IMMEL	DIATE CAL	1 0-1	11	SEQUENCE					777.00	Frac	fur	e			
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	z	PART 2 DINER SI	GNIFICANT CONDITI	DAS COMIKI	IUTING TO DEATH I	BUT NOT RELA	TED TO THE TERM	IINAL DISEASE	DR CONDITION 6	GIVEN IN PART	1 (a)							
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>	CERTIFICATION	ING. DATE OF	OPERATION		198 CONDIT	ION FOR \	WHICH OPER	A HON WA	S PERFORM	ED?					13	20. AUTC	PSY?	
1	AT I	AL FATER						1.00								YES		NO D
>		210 EXTERNA	L CAUSE WAS		216. TIME OF	MONTH	DAY YEAR		W INJURY O								/	
1	MEDICAL	CONTRIBUTION	NG CAUSE	OF DEATH	P.M	11-	17 1979	Vehi	ale V	perad	+4	Ta	+11	red o	001	reet		
	AED	21d. INJURY C	CCURRED		21e PLACE C	ORY, FARM, ET		21f. LOC	ATION		E = 72	CITY OF TOW	VN	11034	COUNT	,		STATE
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6			y that I took ch				1	Autops		Inspection		Inquiry		and in m	y opinio	on "		
-	-	death resulte	ea from: No	otural cou	ses 🔲,	Accident	LJ, Su	icide	Homicid		Undeteri	mined ma	nner],				
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	23a, Bl	JRIAL, CREMA	TION,REMOVA				IAME OF CE				23d. LOC	TOWN			COUNTY	-	STAT	E
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	24. FL	NAME OF THE C	-dt-).	10	ADDRESS		17	7363	25	o. DATE RE	C'D. BY R	EGISTRA	R-136. RE	GISTA	MERC	Spec	CH	will .
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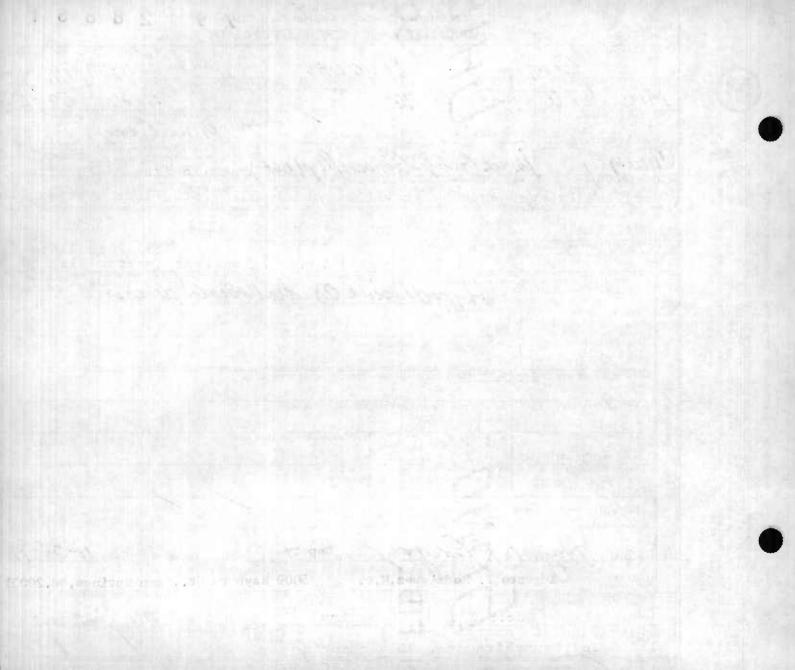
Mary Land Committee of the Committee of

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 7 9		3 0	6 (
		CEASED NAME FIRST		MIDDLE	1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b HOU
		Jul	ia Ba	nks	DO	RMADY	Novemb	er 14,	1979	3:3
-	3. SE.	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER
		Female	White	е	Janu		86	YRS.	ONING! DATS	HOOKS
71	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	Prince-0			
90	10 C	TY OR TOWN OF DEATH Yattsville	11. NAME OF H	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPAT	OF WORKING LIFE	12b. KIND C	OF BUSIN
10		AL RESIDENCE (IF NURSING HOME STATE 1136 CO	OR OTHER INSTITUTION.	acred Hea	ADMISSION)	me 134 INSIDE CITY LIMITS?	Lawyer: Dep	t.Int.	Dept	t. Tr
32		Maryland Pir	nce Geo.	Hyatts		YES 🔀 NO 🗌	5805 Que	eens Ch	napel I	Road
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	MIDDLE		LAS	ST
CH		Normand	L.	Banks		Elizab		Car	son	
edico		VAS DECEASED EVER IN U.S. (res, no or unknown) (IF yes, o	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU		17. INFORMANT	ADDR			D.
e nie		NO		579-60-0	914	Michael P.	Persico 19	18 S st		Was
£ ,		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	line for (a), (b), and	d (c).			-10.00		MATE INTE
200			IATE CAUSE (0)	UREM	IA				1 46	o de
atic		5829	DUE TO, OI	R AS A CONSEQUE	NCE OF					
		Conditions, if any, which	(b)_	CHRON	10. C	LOMERULO	NEPHRI	TIS	54	eas
		gove rise to immediate)						(/	
-	-	couse (0), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
r other t		couse (a), stating the underlying couse last.	DUE TO, OI	r as a conseque	NCE OF					
ry, ar other t			(c)			NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVE	N IN PART 16	0)
injury, ar other t	rion	underlying couse lost.	(c)			NOT RELATED TO THE TER	MINAL DISEASE OR CON			
	ICATION	underlying couse lost.	t conditions <u>co</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	20b. IF YES,	WERE FINDI	NGS USI
2	RTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CO	ONTRIBUTING TO L	DEATH BUT	N WAS PERFORMED	200 NAUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USI
20	CERTIFICATION	underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	(c)	ONTRIBUTING TO L	OEATH BUT	N WAS PERFORMED	200 NAUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USI
20		underlying couse lost. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION	T CONDITIONS CO	ONTRIBUTING TO D ITION FOR WHICH FINJURY M. MONTH DA	OEATH BUT	N WAS PERFORMED	200 NAUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USE
20		UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILE EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	T CONDITIONS CO	ONTRIBUTING TO DESCRIPTION FOR WHICH FINJURY M. MONTH DAM M. OF INJURY	OPERATIO AY YEAR 19	N WAS PERFORMED	200 THE TOPSY? YES A NO EXERPED (ENTERNATURE OF INJURE)	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES TRI 1 OR PART 2)	NGS USI S OF DEA NO
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marked of frem to shows any injury, or other t		UNDERLYING COUSE TOST. PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	T CONDITIONS CO	ONTRIBUTING TO S ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO AY YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION	200 THE TOPSY? YES A NO EXERPED (ENTERNATURE OF INJURE)	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FINDING CAUSES TRI 1 OR PART 2)	NGS US S OF DE NO
2 0		UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOT BY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased glive as the deceased glive.	T CONDITIONS CO	DNTRIBUTING TO E ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.]	N WAS PERFORMED 21c. HOW INJURY OCCU 21f. LOCATION	200 THUTOPSY? YES NO TO THE PRINCE OF INJUST OF TO TO TO TO TO TO TO THE PRINCE OF TH	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FIND II ING CAUSES TI 1 OR PART 2)	NGS US 5 OF DEA NO
29		UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED AT WORK 220.1 certify that (1) (this has	T CONDITIONS CO	DNTRIBUTING TO D	OPERATIO AY YEAR 19 ARM, ETC.]	216. HOW INJURY OCCU 211. LOCATION STREET 327. 19	200 THUTOPSY? YES NO TO THE PRINCE OF INJUST OF TO TO TO TO TO TO TO THE PRINCE OF TH	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	WERE FIND II ING CAUSES TI 1 OR PART 2)	NGS US 5 OF DE/ NO that (1) couses s
29		UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED AT WORK 220.1 certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did) 228. SIGNATURE	T CONDITIONS CO	DITRIBUTING TO DESCRIPTION FOR WHICH FINJURY M. MONTH DA M. OF INJURY reet, FACTORY, OFFICE, F e deceased from	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.]	21t. HOW INJURY OCCU 21f. LOCATION STREET 32 19 20 d that in (my) (our) apinion DEGREE ATTENDING	YES NO STANDER NATURE OF INJUSTINE OF INJUSTICAL STA	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PAI Tote and hour	WERE FIND III ING CAUSES TO THE TOP TO THE TO THE TOP	NGS US 5 OF DE/ NO that (1) couses s
29		UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFERT. NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22e.1 certify that (1) (this had sow the deceased alive above. (1) (web) (did) (check)	T CONDITIONS CO	DITRIBUTING TO DESCRIPTION FOR WHICH FINJURY M. MONTH DA M. OF INJURY reet, FACTORY, OFFICE, F e deceased from	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.]	21t. HOW INJURY OCCU 21f. LOCATION STREET 32 19 20 d that in (my) (our) apinion DEGREE ATTENDING	200 THE TOPSY? YES NO SE RRED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PAI Tote and hour	WERE FIND III ING CAUSES TO THE TOP TO THE TO THE TOP	nGS US 5 OF DE/ NO that (I) causes s
29		UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED AT WORK 220.1 certify that (1) (this has sow the deceased alive above. (If (we) (did) (deceased) 228. SIGNATURE 220. Physician's NAME (TYPE)	T CONDITIONS CO	DITRIBUTING TO DITTION FOR WHICH FINJURY M. MONTH DA M. OF INJURY et accessed from after death.	OPERATIO OPERATIO AY YEAR 19 ARM, ETC.]	211. HOW INJURY OCCU 211. LOCATION STREET 32 19 20 d that in (my) (our) opinion DEGREE W. D. ATTENDING PHYSICIAN 122. ADDRESS	200 NOTOPSY? YES NO S RRED (ENTER NATURE OF INJU CITY OR TO to	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PAI	WERE FIND IN ING CAUSES COUNTY Ond from the	NGS US 5 OF DEA NO that (1)
29	MEDICAL	UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFERENCE AND CONTRIBUTING CAUSE OF AT WORK 210. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE OBOVE. (I) (we) (did) (did) Sow the deceased olive obove. (I) (we) (did) (did) 22b SIGNATURE 220. PHYSICIAN'S NAME (TYPE) 221. HOMMAS	T CONDITIONS CO	ONTRIBUTING TO E ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F after death. LINS	OPERATION OPERATION AY YEAR 19 ARM, ETC.] M.D.	216. HOW INJURY OCCU 216. HOW INJURY OCCU 216. LOCATION STREET 33 - 19 - 20 and that in (my) (our) apinion DEGREE M. D ATTENDING PHYSICIAN 122e. ADDRESS	PRED (ENTER NATURE OF INJUNE) CITY OR TO MEDICAL STA MEDICAL PHYSI DUEEN'S	20b. IF YES, IN CERTIFY YES RY IN ITEM 18. PAI	WERE FIND IN ING CAUSES COUNTY Ond from the	NGS USES OF DEA
29	WEDICAL 230. E	UNDERLYING COUSE LOST. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN 210. INJURY OCCURRED AT WORK 220.1 certify that (1) (this has sow the deceased alive above. (If (we) (did) (deceased) 228. SIGNATURE 220. Physician's NAME (TYPE)	T CONDITIONS CO	DITRIBUTING TO E ITION FOR WHICH FINJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F after death. 19 1 11 1 123 123	OPERATIO OPERATIO AY YEAR 19 ARM. ETC.] M M NAME OF C	211. HOW INJURY OCCU 211. LOCATION STREET 32 19 20 d that in (my) (our) opinion DEGREE W. D. ATTENDING PHYSICIAN 122. ADDRESS	200 MUTOPSY? YES NO S RRED (ENTER NATURE OF INJU CITY OR TO A deoth occurred on the d MEDICAL STA DIRECTOR PHYSI 23d LOCATION CITY OR TOWN	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PAI	COUNTY 22c. DATE COUNTY	NGS USI 5 OF DEA NO that (1)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 0-3 DEAD 9. BATTIMORE CITY OF COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY) U.S.A. Texas WIDOWED DIVORCED AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR TOWN OF DEATH Waildren Reed Hospital Pathologist 5105-70th Place Hyattsyille Maryland PrinceGeorge Hyattsville 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAMI E11a MIDDLE Douglass Curd Mary William 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 4501605-70th Place I (IF YES, GIVE WAR OR DATES) 474-01-3219A Lucy W. Douglass Hyattsville, Md. No 18. CAUSE OF DEATH (Enter only one cause per Interfor (a), (b), and (c) Gerdio O ascula dese PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [BURIAL 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2]c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion Undetermined monner Hamicide death resulted fram: Natural causes TITLE (SPECIFY) EXECUTE PAGE 4 SHC. TO FUNEAL D AFTER DEATH, Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodziguez, M.D. 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) Birds Creek Church
Cemetery 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dec. 3, 1979 Whitlock D. Tennessee Burial 250. DATE HECTO. BY RESULTINAR 256, REGISTRARIS SIGNA 14.FHEHES Rinaldi Funeral home **DHMH-17** (VR A15 ME (5)) 11800 New Hampshire Ave. Silver spring 15M7/76

Maryland



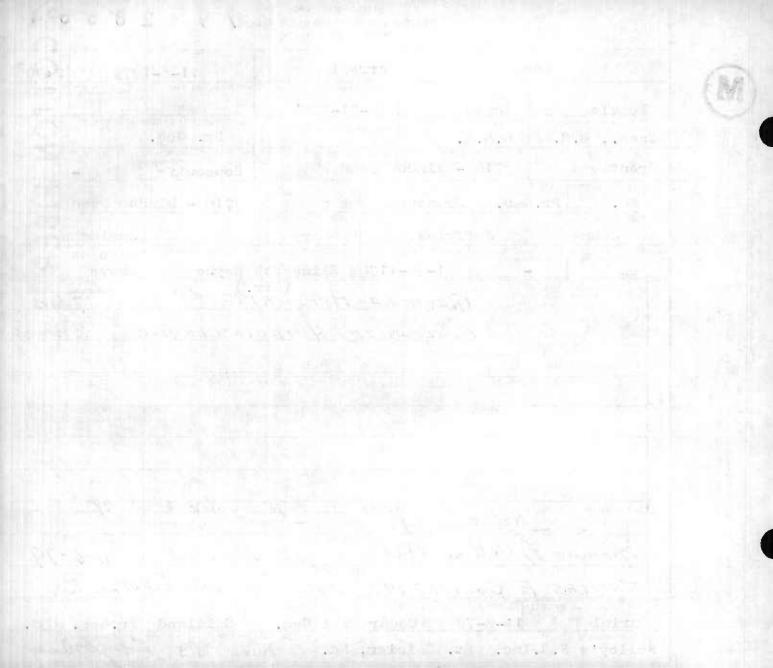
The	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH		. NO.	3 0 0	4
		CEASED NAME FIRST Ellswa	rth "	Wilbur	. 1	DWYZE	20 DATE OF DEATH		4 1979 1	2 4 M
(IAI)	3 SE	X	4 RACE		S DATE O	DAY YEAR	6 AGE (IN YEARS LAST			UNDER 24 HRS
and		ale	White		5	18 1916	63	YRS		and min
72 ho	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A	VHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CIT	Y OR COUNTY	OF DEATH	CATTIL
filed within		TUREL 6	11 NAME OF H			TSI III DOST	120 USUAL OCCUP INC. WORK FOR MO	ATION ST OF WORKING LIFE	I INDUSTRY U.S.GO	JSINESS, OR V. AGE
of Seat be	Ma	AL RESIDENCE IF NURSING HOME OF ATTAIL 136 COUNTY P.G.	JTY I	GIVE RESIDENCE BEFORE 13c CITY OR TOW Larure.	N	134 INSIDE CITY LIMITS? YES NO 🔀	7700 Ca	rissa	LaneLau	rel,Mc
Cie ox		ebster Wilbur	Dwyer	LAST		Maggie Pe	_	ran	LAST	
The dicase	160 V		WAR OR DATES	166 SOCIAL SECU		Loretta M.			rissa L Md. 20	
hen please remave co to burial, crematian, a njury, ar ather trauma	NO	Canditians, if ony, which gove rise to immediate cause (a), stating the underlying couse last	(b)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVE	N IN PART 1(o)	
shaws any i	CERTIFICATION	190. DATE OF OPERATION	196 CONDIT	TION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS ING CAUSES OF	USED DEATH?
is certificate h burial-transit p Mental Hygier or Item 18 shav		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.A	A. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF I	NJURY IN ITEM 18, PA	RT 1 OR PART 2]	
hand Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
for use a of Health		22a.1 certify that (1) (this hasp saw the deceased alive at above (1) (we) (did) (did no	Krum 2	- 189	00	d that in (my) (aur) apinian	death accurred an the	e dote and haur	9, that and fram the caus	(I) (a) Jast es stated
ERAL DIREC be detached State Dept. ANT: If Item		TEN SIGNATURE	Mil	ed. V	21.1	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	NOV 4	1979
should be det with the State		226 PHYSICIAN'S NAME HUNG	CAN	yafren	b. W	January Same	1. Juan	nauc	لم	
F & \$ \le \	100	SURTAL, CHEMATION, REMOVAL	23b. DATE	23c N		METERY OR CREMATORY	ZM LOCATION CITY ON TOWN		COUNTY	STATE
		rial UNERAL DIRECTOR	111-7-7		. Lir	coln, Md	Bladens	burg	P. C. COA	Md.
60M 1/75 (4))	100	ward M. Fleck	7601 8	Sandy S	pring	Rd. NOV	7 1979	Justing	The state of the s	

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Wi	FOR STATE	8a-22a Fi	0	2/20/79 STATE	HEALTH	AND MENTAL		9	2 8	6	6	3
X	REGISTRAR		MED	ICAL EXAMIN	ER'S C	ERTIFICATE	OF DEATH	REG.	NO.			
	CEASED NAM PE OR PRINT) MIDELE	ANTHO	ONY	MIDDLE	FAD	OPE	OI	E KNOWN ESTI- TH MATED	MONTH	10 ,	YEAR . 79	2b. HOUI
3. SE	x ale	1 RACE negro	5. DATE OF BIRTH	960 6. AGE (IN YEAR LAST BIRTHDA	RS IF UN MONTH		ER 24 HRS. 2c. D.	ATE DUNCED AD	MONTH	DAY	YEAR	34 HOU B:30
1 F	IRTHPLACE (SPEIGN COUNTRY)	STATE OR	NIGER	AT COUNTRY?		ED NEVER MAR	KIED XX	imore city	_	TY OF DE	ATH	
1	ity or town Riverda		11. NAME OF HOSP (IF NOT IN SUCH FAC Leland H	TITAL, NURSING HOME LITY, GIVE STREET ADDRESS) OSPITAL	, OR OTHE	R INSTITUTION	120. USUAL OC FOR MOST OF STUDE	CUPATION (T		12b. KINE		SINESS
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3		FOR STATE REGISTRAR				MENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	RE	2 G. NO.	8 0	6 4
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AND 21;	35	USUAL RESIDENCE	136 COL	OR OTHER INSTITUTION JULY Geo.	Brentw	VN	13d INSIDE CITY LIMITS?	3710 -	· Windo	m Roa	d
MARYLAND 2120 red within 24 hours mpletely filled in by ond 2 should be fill	62	14 FATHER'S NAME	n	Je:	ffries		15 MOTHER'S MAIDEN N	MID		nalds	ast on
BALTIMORE, cate be execut ysician and ca apers. Pages 1 val.	1	160 WAS DECEASED (YES, NO OR UNKNO		RMED FORCES?	166 SOCIAL SECT		17 INFORMANT B Elizabet			ame a	s
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O HOSPITAL etained by it TO FUNERAL should be det with the State	1	22d. PHYSICIA	N'S NAME (TYPE	OR PRINT)	LLINS		PHYSICIAN 220. ADDRESS 2600	QUEENS		PEL I	B.
HOD BP TO SHOW		23a BURIAL, CREMA (SPECIFY) Burial	TION, REMOVA		23с.	NAME OF C	EMETERY OR CREMATOR' Hill Cem.		N N	county r. Geo	STATE Md.
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etained by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the fun to direction and should be detached for use as the burial-transt permit. Then please remove carbon papers. Pages I and 2 should be filled within 7 I four after the state Dept. of Heelth and Mental Hygene prior to burial, cremotion, or removal.	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be
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DHMH - 16 50M 7/77

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IMPORTANT: If them 21 is marked ar them 18 shaws any

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Name of Hospital, Nursing Home or Other Institution Name of Hospital Nam	MONTH DAY YEAR 75 HOUR 11 79 2:10p M THOAY) FUNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN PROCOUNTY OF DEATH CORGE'S MD. ITS. KIND OF BUSINESS OR INDUSTRY REPORTED TO SERVER OF BUSINESS OR REPORT RELIABLE TO SERVER OF BUSIN
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male white Month 14, Day 904 75	PRS DAYS HOURS MIN OR COUNTY OF DEATH COTGE'S MD. IZB. KIND OF BUSINESS OR INDUSTRY AGENT RET U.S enbelt Road
Name of Hospital, Nursing Home or Other Institution Name of Hospital Nam	eorge's MD. IZB. KIND OF BUSINESS OR INDUSTRY Ager Ret US
Riverdale USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131 FATHER'S NAME Vincent F Finocchiaro 14. FATHER'S NAME Vincent F Finocchiaro 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216. 44. 3425M Catherine I Finocchiaro	enbelt Road
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	RY IN ITEM 18, PART I OR PART 2)
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David Haidak, M.D. 220 ADDRESS 6525 Belcrest Rd., Hya	uite 460

230 BURIAL, CREMATION, REMOVAL Burial 24 FUNERAL DIRECTOR

Nov 14, 1979 Ft Lincoln Cemetery

Brentwood Pro Georges Md

F. Gasch's Sons P A Hyattsville, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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MPORTANT: If hem 21 is marked at Item 18 shows any

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-28667

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	o				
		CEASED NAME FIRST OR PRINT) LISELOI		MIODIE	FIT	rst PS	NOVEMBER	MONTH 5	1979	26. HOUR 2:40P M		
	3 SEX	EMALE	4 RACE WHITE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	4F UNDER 24 HRS		
7	GE	IRMANY	U.S.A.		8. MARRIEI WIDOWE	D NEVER MARRIED D DIVORCED	PRINCE GEORGES MD.					
8	AND		ALCOLM	GROW USAI	OORESS)	TCAL CENTER	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKER 126. KIND OF BUSINESS OR INDUSTRY HOME					
6	13a S H A N	IPSHIRE:	Linap	136 CITY OR TOWN	٧.	13d INSIDE CITY LIMITS? YES NO 1	CITY RTE 9		LILER PA	RK N.H.		
10	14. FA	THER'S NAME JOSEPH	NIDDLE	HITTE	L	MARGARET	WIDDIE		HAHN	3246		
3		VAS DECEASED EVER IN U.S. AR/ ES, NO OR UNKNOWN) (IF YES, GIVE NO	AED FORCES? WAR OR DATES)	230-50-6			RT FITTS/HUS		LER PAR	ĸ		
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ì	CERTIFICATION				OI EKANIO		YES NO	IN CERT	IFYING CAUSES YES []			
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	WE	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET	CITY OR TOV	/N	COUNTY	STATE		
		22a I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not TT SIGNATURE				, 19, 19	, to death occurred on the do					
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	23a. B	urial, cremation, removal Burial				emetery or crematory d Heart Cem	23d LOCATION CHY OR TOWN Laconi	a, N	ew Ham	pshire		

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Pearson's Funeral Home, Falls Church NOV 0 9 1979

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Riverdale, Maryland

Chambers Funeral Home

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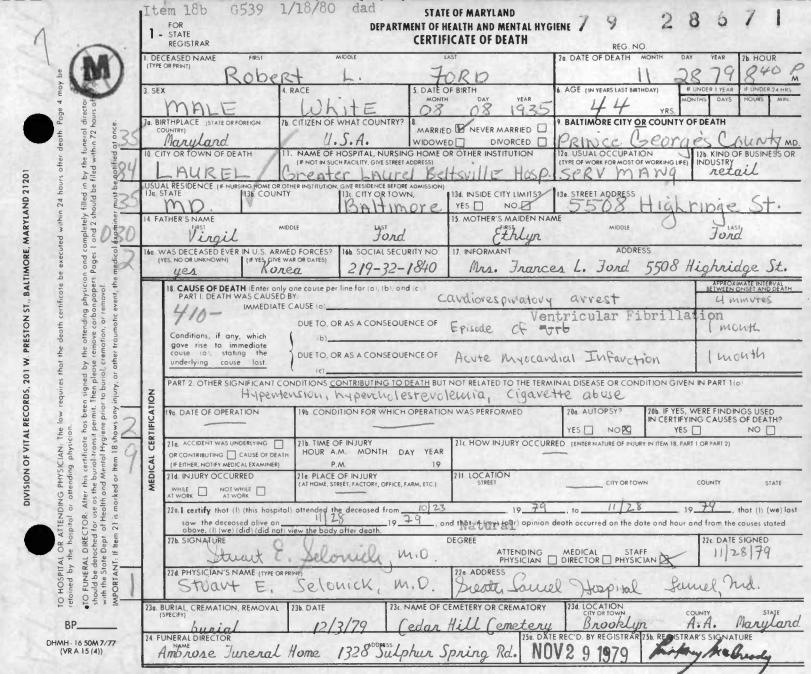
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	3. SE	x Male	4 RACE Black		5 DATE OF BIRT	DAY ISAMI	6 AGE (IN YEARS LAST BE		YEAR IF UNDER 24 HRS DAYS HOURS MIN
07/20		IRTHPLACE (STATE OR FOREIGN OUNTRY) Ala.	76 CITIZEN OF V	what country? A .	MARRIED WIDOWED	NEVER MARRIED		ORGE S COU	
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160)4. F.	Henry Flower	MIDDLE	LAST	15. M	OTHER'S MAIDEN NA	Mae Flowe	ers	LAST
	160	WAS DECEASED EVER IN U.S. (15 YES, NO OR UNKNOWN) (16 YES, C	ARMED FORCES? Ne war or dates) Korean	166 SOCIAL SECT 258=	17 IN 17 IN 148-0664	Bernice	addr e Flowers	S.A.A.	Wife
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	MED	2) d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	LOCATION	CITY OR TO	WN COUNTY	Y STATE
		22a.l certify that (1) (this has saw the deceased alive above, (1) (we) (and) (did 22b. SIGNATURE	11 - 7	3 19) and the	EE ATTENDING	MEDICAL STA	27c. C	m the couses stated DATE SIGNED
1	73a	226 PHYSICIAN'S NAME (TYPE) SQUEET L. BURIAL, CREMATION, REMOV.	Polanskal 1236. Date	y MD	Po	PHYSICIAN ADDRESS Ince Geo Ce ERY OR CREMATORY	23d LOCATION	al Chou	erly Md
		Burial	"II-29	79		rmony Cem	Lando	10	STATE
)M /7B	24 F	UNERAL DIRECTOR NAME Frazier	389 R.I.	ADDRESS N	.W. D.C		NOV 2 9 1978	256. REGISTRAN'S SIC	MATURE LANGE

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PATRICE GEORGE'S GENERAL ROSPITAL

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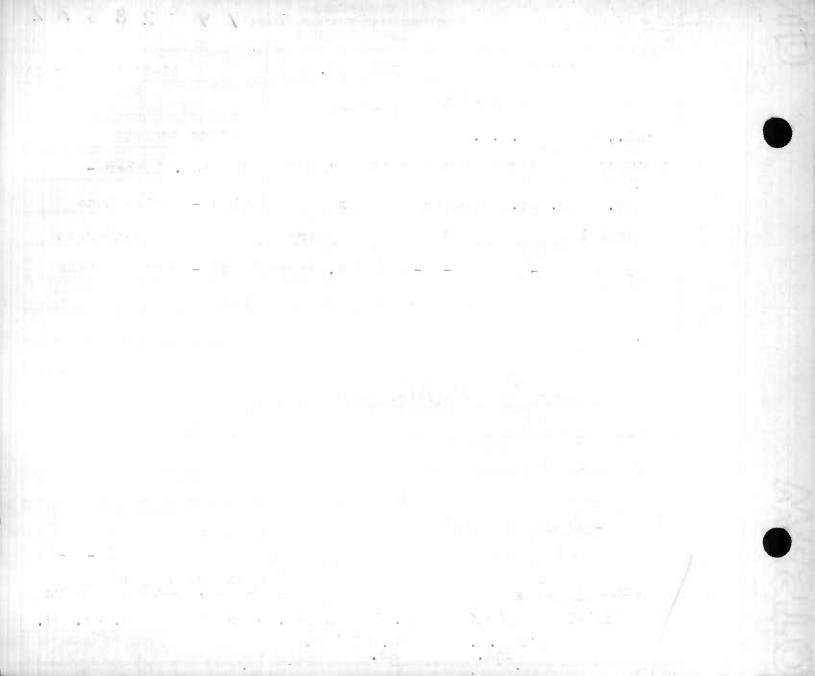
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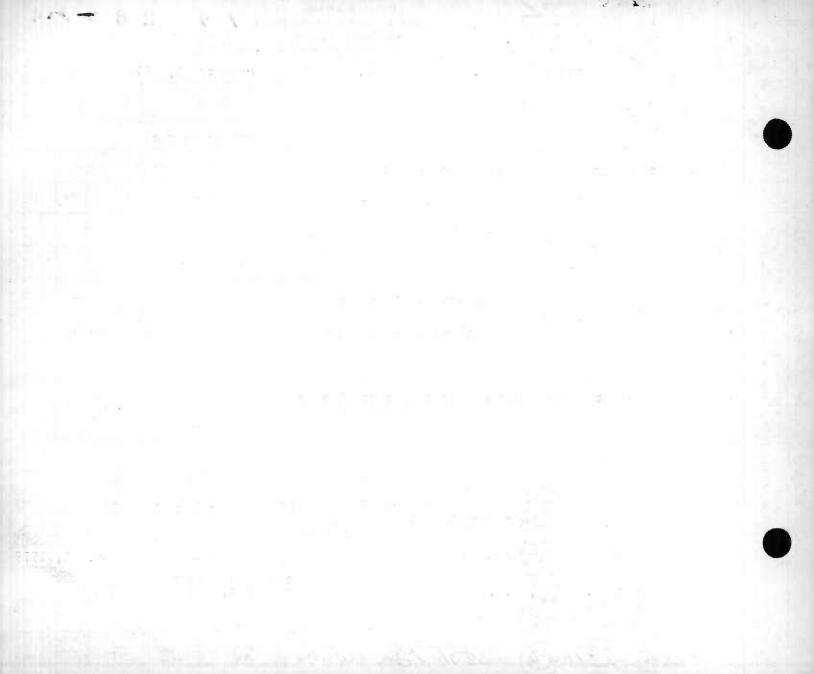
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TO FUNERAL should be de with the State	23a	John K	W Keh		23c NAME O		630 R1V	O Riverd erdale,			07/20
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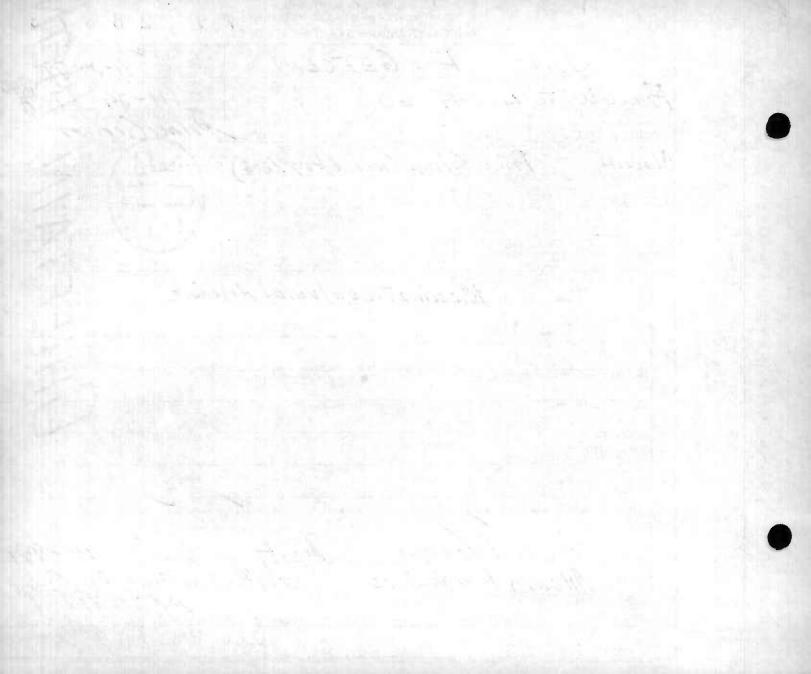
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BALTIMORE, MD.	URS AFTER DE B. GIVE PAGE WITH FORM PAGES 1 AI DIVISION OF	16a. V	Yes	1/43	-11/45	234-22-8		Mrs.		sie l		y, Net	w Ca		ton,Md
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DIVIS	THIS CER WRITING WARDED PAGE 3 S TATE DEP	MED	WHILE AT WORK	NOT WHILE AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.) OME		CATION STREET .5 Oti:	s St.	, Mt.	Raini	ier, I	Princ	e Geor	ge 's, MD
•	TO MEDICAL EXAMINER: THIS CERTIFICATE S EXECUTE THE CERTIFICATE, WRITING THE WO PAGE 4 SHOULD BE FORWARDED TO THE OF FOUNDER DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIL		22a. I certif death resulta ACTUAL SIGNATURE	Dugme	ol couses :	21/10	Autop:	_		Undeter	Inquiry	er,	DATE SIGNED	11/21	1/79
47	BP DHMH - 17 (VR A15 ME (5))	24. FU	(TYPE OR PRIN JRIAL, CREMA PECIFY) Buria JNERAL DIREC	VITON, REMOVAL 2:	36. DATE 10v.23, 7	Dolan, M.D. 79 Paryla 79 Maryla	metery o	et.Ce	em.	REC'D. BY			LEGUNT	yland	STATE
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TAL RECORDS, 30: HOULD BE EXECUT RD "PENDING" IN CHIEF A REDICAL E OF HEALTH AND A AL, CREMATION, OI	z	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBL	UTING TO DEATH B	UT NOT RELATED	TO THE TERMI	NAL DISEASE	OR CONDITION (GIVEN IN PART 1	(a).				
EALLE EALLE	CERTIFICATION	19a. DATE OF OPERATION	NI.	Tiel CONDIT	IONI FOR WE	HCH ORED	71011111		500		<u> </u>			
ALR HOUL USE USE L, CR	CA	1198. DATE OF OPERATION	1	19b. CONDIT	ION FOR WI	HICH OPERA	(IION W)	AS PERFORM	ED?				20. AUTOPSY?	
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>440		AT WORK - AT WORK	THE STATE OF							/	/			
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AMINER STEICAT SE FO TH THE YLAND,	120	death resulted from:	Natural caus	es .	Accident]. Suic	ide .	Homicid	te	Undetermined mo	anner .			
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SAT SHE		SIGNATORE	1	//-	//	1	M.	1	1	MEDICAL EXAM	AINER	SIGNED		
MEDIO CUTE SE 4 FUNE FINOF	1.	EXAMINER'S NAME	1 A	P. 12	deric.	1107		2	089X	an Miss	· CNO	1 an	11 SI.	4
TO MEDICAL EXAMINER: 17 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21.	00 5	(TYPE OR PRINT	10011	V /	4	my c		ADDRESS	1/	1 will	111	100	11/16	regs
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DHMH-17 20M 1/73 (VR A15 ME (5))	24. FL	INERAL DIRECTOR		m ADDRESS				25	o DATEREC	A. BX REGISTRA	25b. REG	ISTRAR'S SIGN	ATURE	day
	F	obert E. W uneral Hon	ne Inc	.111	Sı	itla	nd.	Md.	DL	0 101	1			1



5- 5	Ι.	FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 9 2 8 6 7 7
5 50	I. DE	CEASED NAME FIRST PAL	JL E.	GIVAUDAN	20. DATE OF DEATH MONTH DAY YEAR 25. HOUR 2:05P
(M)	3. SE	x MALE	4 RACE WHITE	AUG. 30, 1979	6 AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN
of once		RTHPLACE ISTATE OR FOREIGN OUNTRY) WASHINGTON . D . (75 CITIZEN OF WHAT COUN		PRINCE GEORGE'S COUNTY
offer of with diffied		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) S GENERAL HOSPITAL	126 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING LIFE) ELECTRICIAN G.S.A.
24 hour filled in ould be f	USU 13a.	AL RESIDENCE (IF NURSING HOME COLOTATE 136 COU	INTY I3c. CITY OR		13. STREET ADDRESS 4913 SOMERSET ROAD
MARYLA ed within ompletely ond 2 sh	14. F	THER'S NAME FIRST (UNKNOWN)	MIDDLE LAST	IS. MOTHER'S MAIDEN N. FIRST MAURICET	AME MIDDLE LAST
BALTIMORE, MARYLAND 21201 ote be executed within 24 hours in system ond completely filled in by opers. Pages 1 and 2 should be fille val. ot. the medical agaminer must be not.		VAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS IVAUDAN-ADDRESS SAME AS #13.
W. PRESTON ST., of the death certific by the offending phy se remove corban pc cremation, or remo	z	Conditions, if any, which gave rise to immediate course to stating the underlying cause lost.	DUE TO, OR AS A CO	evillo Pesperatorio Pesperatorio Palerota /6	Tilure State ONST AND DEATH Fillure MINAL DISEASE OR CONDITION GIVEN IN PART 110:
L RECORE	CERTIFICATION	IN DATE OF OPERATION	A 14 CONDITION OF W	HICH OPERATION TO PERFORMED	701 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the ostending physicion. Iter this centificate has been signed to sithe buriol-transit permit. Then plea th and Mental Hygiene prior to buriol, orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control orked or Hem 18 shows any injury, or a control or the co	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT	HOUR A.M. MONTH	19 TH LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF YOWN COUNTY STATE
ATTENDI e haspirol or DIRECTOR. A suched for use Dept of Heal		22a I certify that (1) (this hosp sow the deceosed olive or	ontol) oftended the decored from only view the body ofter death.	19 29 and that in Imy) and opinion DEGREE	death occurred on the date and hour and from the causes stated STAFF
TO HOSPITAL TO FUNERAL I should be deter		278. PHYSICIAMS NAME (TYPE	ETIENNE	E Moll	ea Dark MA
650 BP	L	BURIAL, CREMATION, REMOVAI SPECIFY) CREMATION UNERAL DIRECTOR	NOV • /20/79	23s. NAME OF CEMETERY OR CREMATORY CEDAR HILL CREMATOR	Y SUITIAND-PRINCE GEO. COMD.
DHMH-16 20M (VRA 15, 4) 7/78	1	NAME	AL HOME - RIVE	RDALE, MARYLAND	TONOV 12 HEG 1994 294 REGISTERNESHIGH AND CROSS

PART I DESCRIPTION

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DATISTICS GEOMET'S GEORGE LASSITAL YESPITAL

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 with the State Dept of Health and Mental Hygiene priar to burial, cremation, ar removal.

executed within 24 hours after death. Page 4 may be

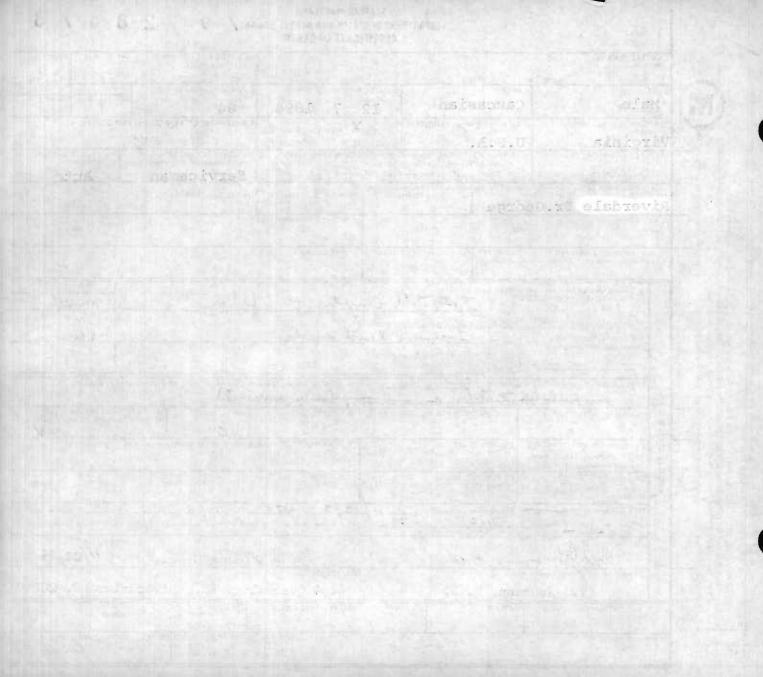
FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CENTIFICATE OF BEATH

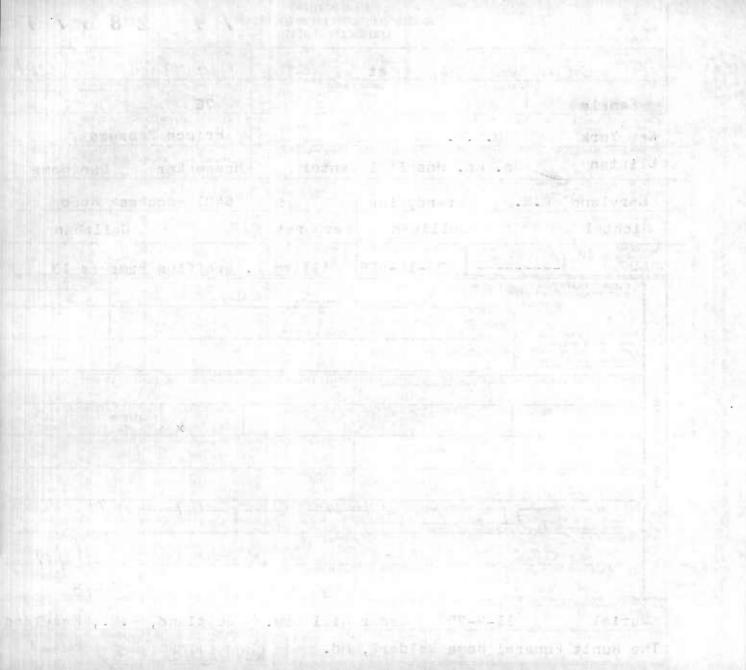
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			CERTII	FICATE OF DEATH	REG. N	0.		
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE		LAST	26. DATE OF DEATH	MONTH D	DAY YEAR	26. HOUR
	Charles	Hampton	G1	enn	November	21,	1979	11:45
3. SEX		RACE	5. DATE	OF BIRTH	6. AGE JIN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 H
Male		Caucasian	nont 12	7 1894	84	YRS.	AONTHS DAYS	HOURS M
To BIRTHPLACE (STATE OF	FOREIGN 76.	CITIZEN OF WHAT COUN	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
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10 CITY OR TOWN OF D		NAME OF HOSPITAL, N	IURSING HOME		120 USUAL OCCUPAT	ION	12b. KIND C	F BUSINESS
Riverdale		Leland Me		Joanital	Servicen			
USUAL RESIDENCE HEND	JRSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			idii	AU	ito
13m STATE	Pr.Gec	13c CITY OF	RTOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
14 FATHER'S NAME	tr.gec	orge		15 MOTHER'S MAIDEN N	AME			
FIRST	MIDE	DLE LAS	ST	EIRST	WIDDLE		LAS	17
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PART 2 OTHER SIGNATE OF OPER 190. DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MEE AT WORK 270. 1 certify that Sow the decer obove, 44 (we) 270. SIGNATURE 270. PHYSICIAN'S)	GNIFICANT CON INDERLYING CATION INDERLYING CAUSE OF DEATH DICAL EXAMINER) IRRED WORK (I) (this hospital) assed olive on cital) (did not) vi	OTTENDED TO THE STREET, FACTORY, CONTRIBUTION OF THE STREET, FACTORY, CONTRIBUTION FOR WITH THE STREET, FACTORY, CONTRIBUTION OF THE STREET, FACTORY, CONTRIBUT	C TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCU 21t LOCATION STREET nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	RMINAL DISEASE OR CON 3.J.) 20a AUTOPSY? YES NO CITY OR TO TO 10 10 11 2 1 In death occurred on the d	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY On from the 22c. DATE	STATE that (we (we) couses stated SIGNED
Underlying COU PART 2 OTHER SIG 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY MED AT WORK AT WORK 27a. 1 certify thou sow the decee obove. I we 27b. SIGNATURE By	GNIFICANT CON GNIFICANT CON INDERLYING CAUSE OF DEATH COLCAL EXAMINER) IRRED WHILE (I) (the hospital) posed olive on radd) (did not) vi	IPIDE TO, OR AS A CON- (c) NOTIONS CONTRIBUTION 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) ottended the deceased of	C TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	211. LOCATION STREET 19 70 ATENDING PHYSICIAN 222. ADDRESS 4404 Queen	INTEDICAL DISEASE OR CON S.J.) 200. AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY On from the 22c. DATE	STATE that (we (we) couses stated SIGNED 2084
PART 2 OTHER SIGNATURE 19a. DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTHEY MEE AT WORK NOT 27a. 1 certify that sow the decer obove, the wee 27b. SIGNATURE 27d. PHYSICIAN'S)	GNIFICANT CON GNIFICANT CON INDERLYING CAUSE OF DEATH COLCAL EXAMINER) IRRED WHILE (I) (the hospital) posed olive on radd) (did not) vi	IPIDE TO, OR AS A CON- (c) NOTIONS CONTRIBUTION 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) ottended the deceased of	C TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCCU 21t LOCATION STREET nd that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	INTEDICAL DISEASE OR CON S.J.) 200. AUTOPSY? YES NO CITY OR TO CITY OR TO	20b. IF YES IN CERTIFY YES RY IN ITEM 18, PA	COUNTY On from the 22c. DATE	STATE that (we (we) couses stated SIGNED
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BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))



10			1 -	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTA ICATE OF DEATH		REG. NO	2 8	3 6	19
20	(RA)			CEASED NAME FIRST SEAN		MAREXA	Ret	GRAFFI I	US 20	DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR 6: 10 M
7 00e 4 mg	The state of the s		3. SE)	Female	4 RACE Whit	e	MONT		EAR DQ	AGE (IN YEARS LAST BIRT	YRS	FUNDER I YEAR	IF UNDER 24 HRS
enth a	d ST n	9	Ni	RTHPLACE (STATE OR FOREIGN DUNTRY) WYORK	U.S.		MARRIE	DIVORCE	ED []	Prince	Geor	ges	MD.
01 rs offer		Dollared A	C	TY OR TOWN OF DEATH Linton	So. Mo	HEACHTY GIVE STRE	itel	Center	(1)	u USUAL OCCUPATI YPE OF WORK FOR MOST O HOMEMAKE	E WORKING LIFE	126 KIND C INDUSTRY	Home
AND 212	filled in hould be f	\$2.4	130 5	AL RESIDENCE (IF NURSING HOME OF TATE 136. COUNTY P. [JIY	Brandy	WN	13d INSIDECITY LIM	X	STREET ADDRESS 6401 Ac	cokee	k Roa	d
MARYLJ red withi	E 0	To late		THER'S NAME	MIDDLE	Sull'fva	an	Margare 1		MIDDLE		allahi	an
IMORE,	Poges 1	medicol	16a V	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN] (IF YES, GIVI	MED FORCES? E WAR OR DATES)	578-1		Willia	m F.	Graffiu		e 88	13
T., BALTIM	physicio inpopers	event, the		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	ily one couse per D BY: [E CAUSE (o)	line for (a), (b), (and (c).)	Reguly	Fal	un_		BETWEEN	MATE INTERVAL ONSET AND DEATH
ESTON S	ottending ove corbo	oumotic		1579 Conditions, if ony, which		R AS A CONSEQ		ema line				10	mi
W. PR	by the cose remo	other tr		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OI	R AS A CONSEO	UENCE OF	1 Pm	·			14	~
RDS, 30	in signed Then ple r to burie	injury, o	NOI	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART 1	01
AL RECORDS,	hos bee	ous out	CERTIFICATION	190 DATE OF OPERATION	196. COND	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		200 AUTOPSY? YES □ NO 🛣	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH? NO
DIVISION OF VITAL	g physici ertificate iol-transi	10.0		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY (OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18, PA	RT 1 OR PART 2)	
NOISION JG PHYSI	P + P -	rked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC.)	211. LOCATION STREET		CITY OR TOV	νN	COUNTY	STATE
ATTENDIN	TOR: Affor use of Health	om si iz		22a.1 certify that (I) (this how sow the deceased alive on above, (I).(we) (did) (did no	11-6	19	170	nd that in (my) (our)	opinion deo	th occurred on the de	ote and hour		that (I) (we) last couses stated
AL OR A	AL DIRECTOR	I: If Ifem		22b. SIGNATURE	A.	Down W	C	DEGREE ATTENE PHYSIC		MEDICAL STAI		22¢ DATE	SIGNED
HOSPIT	TO FUNER should be a with the Ste	PORIAN		22d PHYSICIAN'S NAME (TYPE O	R PRINT)	In		BRA-K	dyci	Tive m	id. 3	30613	
100	C 243	\$	23a B	URIAL, CREMATION, REMOVAL	236. DATE 11-9-			Hill Ce	ATORY	23d LOCATION CITY OR TOWN Suitlan	d, P.	G., M	state aryland
	·16 60M 1/73			INERAL DIRECTOR 1 Manual Plane 1 Manual Plan	ral Ho	me Wäl	dorf,		250. DATE R	ec'd. by registrar V 1 3 1979	25b. REGISTR	AR'S SIGNAT	Cready



1 6 6 6 1 VIV

	FOR		DER	STATE OF PARTMENT OF HEALT	MARYLAND	voiétie ()	2 8 6	8
1	STATE REGISTRAR			CAL EXAMINER'S		EDEATH	G. NO.	
	DECEASED NAME	auich L	1.1011:	m GROC	LAST	20 DATE KNOW OF ESTI- DEATH MATE	N MONTH DA	2 19 79
1		hite 8		YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER	PRONOUNCED DEAD	MONTH D	1979 24 H
5	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		USA	COUNTRY? 8. MARI	RIED INEVER MARRI	Prince		PF DEATH
74 (LEVER LY	ori	nel Le	AL, NURSING HOME, OR OT Y, GIVE STREET ADDRESS	Horp. (DOA)	FOR MOST OF WORKING LIFE Route Sal	esman I	or industry Bakery
5 M &	aryland	13b. COUNTY Pr. Geor	113	sidence before admission) a. CITY OR TOWN Suitland	13d. INSIDE CITY LIMITS? YES NO	5619 Regen	cy Park (Court #5
0	FATHER'S NAME PRIST David			Grogan	15. MOTHER'S MAIDE FIRST France	s Norma		Becker
1 160	WAS DECEASED EVE (YES, NO, OR UNKNOWN)	R IN U.S. ARMED FOR (IF YES, GIVE WAR OR D)	ATES)	30. SOCIAL SECURITY NO. 217 32 4272	Marlene	G. Grogan s	ame as 13	3e
	Canditions, If gave rise to couse (a) statin lying cause las	any, which a immediate ag the <u>under-</u>	(b) OR AS A	A CONSEQUENCE OF	SE OR CONDITION GIVEN IN PAI	T 1 (o).		etween onset and de
SEPTIFICATION	190. DATE OF OPER	RATION	19b. CONDITION	N FOR WHICH OPERATION V	WAS PERFORMED?		26	I. AUTOPSY?
2	210. EXTERNAL CAL	_	HOUR A.M. M.	ONTH DAY YEAR	HOW INJURY OCCURRED	D (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	YES NO
A PARIOR DE	21d. INJURY OCCU WHILE NO AT WORK AT V			NJURY (AT HOME, 211 LC	OCATION STREET	CITY OR TOWN	COUNTY	STA
AKYLAND, 212		It I took charge of the		ed abave, held an Auto	psy , Inspection, Hamicide ,	Undetermined manner	and in my apiniai	n

The same of the state of the same of the s Missist memoria education and the state of t repland the Macres | Intiliant and the State | Sold Monarch Fort Sound of medical company security and making HE ALL THE MESS ASSESSED AS MADE AND THE MESSAGE SERVICE AND THE MESSAGE SERVICE AND THE MESSAGE AND THE MESSA .bd. = id hordaukt , b=lfa. Tradels Passed .il 89/87/14 (alres Total Lead of Enternal Leading 100. SEADS on additional asid addition itself

1	FOR			PEPARTMENT OF	HEALTH	AND MENTAL	HYGIEN	£ 9	6	. 8	0	2 4
Ľ	REGISTRAR		MEI	DICAL EXAMI	NER'S C	ERTIFICATE	OF DEA	TH	REG. NO.			
	PE OR PRINT)	Marv		Ann	GR	ONDALSKI vdalski		20. DATE KN OF E DEATH M	IOWN X		16 19 7	
3. SE	X 4	RACE	5 DATE OF BIRTH	6. AGE (IN)	EARS IF UNE	ER TYR. IF UNDI	ER 24 HRS.	2c. DATE		MONTH		EAR 212HOL
F	emale	White	MAY 3,19			DAYS HOURS	MIN	PRONOUNCE DEAD	Đ.	11	16 197	79 A
	SIRTHPLACE (STAT	EOR	76. CITIZEN OF WH	IAT COUNTRY?	8 MARRIE	D NEVER MAR	RRIED X	9. BALTIMOR	E CITY OF	R COUNT		
(1	EST VIRG		U.S.A	١.	WIDOWE		RCED				s Coun	ity, "
1D. C	ITY OR TOWN OF		11. NAME OF HOS	PITAL, NURSING HOA	AE, OR OTHE	RINSTITUTION	FOR A	JAL OCCUPAT	G LIFE)		12b. KIND OF OR INDU	
ICI	Cheverly			eorge's Ger		Hospital	REG1	STERED	NURS	3E		
130.	IARY LAND	13b. COUNT		E RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN HYATTSVI	LLE	3d. INSIDE CITY LIMITS? YES X NO [EET ADDRESS 6519 8	TH PL	ACE		
14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAI		MIDDI	LE		LAST	
160	STEVEN WAS DECEASED B			GRONDALSKI	TV NO	DOROTH	49		ADDRESS	VO	KVEKBI	RUEGGEI
(00	YES, NO, OR UNKNOWN	N) (IF YES, GIVE V	WAR OR DATES)	218-54-6			TOUN			CAUT	AC 11	2 EATH
_		IO	ly ane cause per line		7/4	STEVEN	אחטכ	GKUNUA	MI	SAME		MATE INTERVAL
	PARTIDEAT	TH WAS CAUSED	BY:	Cranio-Cei	rebral	Tnjuries	5				BETWEENO	NSET AND DEAT
9	12120	IMMEDIAT	DUE TO, OR	AS A CONSEQUENCE			-		100			
1		if any, which	(b)						10			
		ating the under-	DUE TO, OR	AS A CONSEQUENCE	OF							
			(c)									
N N	PART 2 DTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH F	UT NOT RELATED TO THE TER	RMINAL DISEASE	OR CONDITION GIVEN IN	PART 1 (a),					
ATIC	19a. DATE OF O	PERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED?					2D. AUTOF	PSY?
TIFIC											YES E	X NO [
MEDICAL CERTIFICATION	210. EXTERNAL UNDERLYING	OR	m m evi.	MONTH DAY YEA	AR I	W INJURY OCCUR				ART 1 OR PAR	IT 2)	
DIC	214 INTURY OC	CURRED	21e PLACE C	FINJURY (AT HOME.	79 Dr	iver of a	auto/a	iuco im	pact	-		
ME	WHILE AT WORK	NOT WHILE	STREET, FACT	ory, farm, etc.)		gent Rd.	Hara +	CITY OR TOWN	e Dv	cou	Ceon	TO TO
	The state of the s		- Sull-see U.S.A.	CL-SSW-T-SSE'S		LZVI		Γ-	7			50 09 1
	22a. I certify death resulted	from the charge	a couper	Acrident S /s	Autopsy			Inquiry L		d in my api	nion	
	, death resulted	Trom [//]	1	1	wicide	Hamicide L	Undete	ermined mann	er [],			
	ACTUAL SIGNATURE	AM	Mayo	Most	M.I	Deputy (Chief	ICAL EXAMIN	ED	DATE	11/	/16/79
	EXAMINER'S NA	AME Thoma	as D. Smit	th, M.D.	, M.	DDRESS	, MED		l Pen			
23a.	BURIAL, CREMATIC	ON,REMOVAL 2	3b. DATE	23c. NAME OF CE	EMETERY OR	CREMATORY	23d. LC	CATION		COUNT	TY	STATE
	BUKI	AL	11/19/79	GATE	OF HEA	VEN		LVER S	PRING		MONT	MD.
	UNERAL DIRECTO	FRAN	CIS J.ADE	LLINS SPRING MD.				REGISTRAR	23b. RES	BARS SI	relies	dy
1	500 UNTV.	BIVD W	STIVER	SPRING MD.	20901	N/C	W19	1979		/		/

MENEROD PET GEORGE LINATTENTELE N. N. ... SEPONDED TO PLACE PARCELLER DEDOLES ALLERON ALLERON AND PARCELLER PARCELLE STREET SYSTEMS INSTRUCTOR NEW TOTAL SYSTEMS AND THE BELLEY FINALLY CONTROL OF THE VEHICLE OF HEAVEN FOOLURY, BLOOK, A. STLITE STEELS, BLOOK, BEROOT

FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE / 9	280	8 3
DECEASED NAME Gertrude	MIDDLE Hadd	o'čk	26 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
HAddock, Gertr	ude			11 22 19	1 6. PM
SEX 4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEA	
Female Wh	ite Feb	1.25,1887 YEAR	92	YRS.	5 HOURS MIN
BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN	OF WHAT COUNTRY? B	ED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Md. U.S			P.G.		MD.
	OF HOSPITAL, NURSING HOME SUGH FACILITY, GIVES REET ADDRESS)	OR OTHER INSTITUTION	128. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		OF BUSINESS OR
SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION OF STATE 136, COUNTY	ION, GIVE RESIDENCE BEFORE ADMISSION 131 CITY OR TOWN S Park Hall		Box 366 R	t.l,Lexin	gton Pk.
FATHER'S NAME FIRST James	Pomeroy	15 MOTHER'S MAIDEN NAM	ME	Cleme	ents
WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO ORUNKNOWN) IF YES, GIVE WAR OR DATES		Raymond Ba		ssRt.1,Box exington P	
Conditions, if ony, which gave rise to immediate	Per line for (a), (b), and (q) MACLY TO OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF	Cardiere Soptem	of ASH arrest	P BETWEE	OXMATE INTERVAL N ONSET AND DEATH
	CONTRIBUTING TO DEATH BU		INAL DISEASE OR CONE 200. AUTOPSY? YES NO	DITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES YES	DINGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH DAY YEAF P.M. 19		ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
	CE OF INJURY STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	чи соинту	STATE

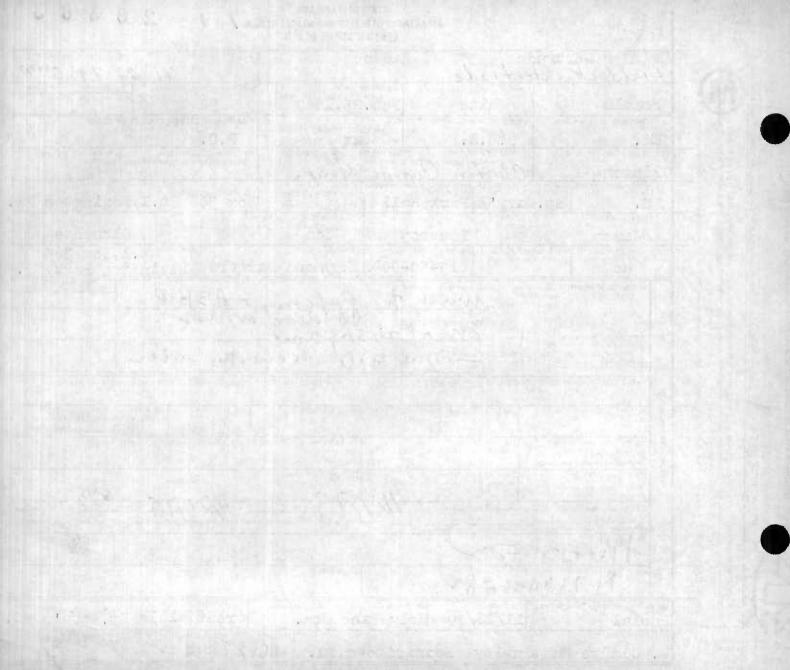
AT WORK 220.1 certify that (1) (this hospital) attended the deceased sow the deceosed olive on abave. (1) (we) (did) (did nat) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME 22e ADDRESS Great Mills 23b. DATE 11/26/79 230. BURIAL, CREMATION, REMOVAL BURIAL 23c. NAME OF CEMETERY OR CREMATORY St. Mary 's Md. Holy Face Cem.

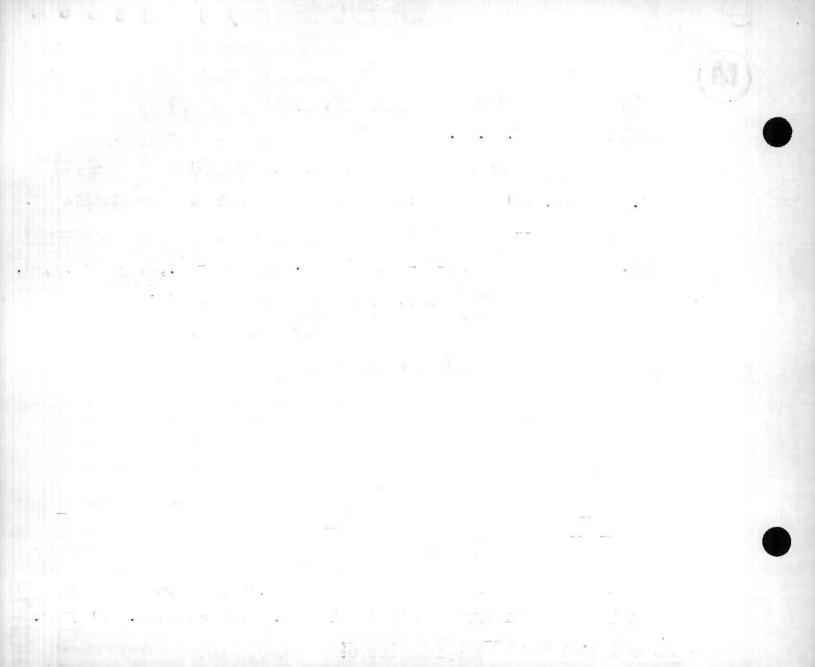
DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

MPORTANT: If Hem 21 is

²⁴ FUNERAL DIRECTOR
W. Clarke Mattingley Leonardtown, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





0	1			STATE	OF MARYLAND	0.44 2.6	0 0 4 2	J
	1	FOR STATE	DEP	ARTMENT OF H	ALTH AND MENTAL HYG	HENE 9	2000	4
(20)	Ι''	REGISTRAR		CERTIFI	CATE OF DEATH	250 110		
	1. DE	CEASED NAME FIRST	WIDDIE		ST	REG. NO	D. MONTH DAY YEAR 2b. HOL	(ID
		OR PRINT)		110.	1 1	11	10.110	25
4 600	_	MAZELLA	Ε.	MAM	121010	//	13 79 2	PM
5±	3 SE	× _	RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRTE	HDAY) IF UNDER I YEAR IF UNDER	R 24 HRS
ecto esta		1	White-	5	27 88	7	YRS. MONINS DATS HOURS	MIN
Po Po	70 B	RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	ITRY? 8			R COUNTY OF DEATH	
722 24.77	14	AShWATAN D.C.	. US.A	WIDOWE	NEVER MARRIED L	Prince	George	
within	10. C	ITY OR TOWN OF DEATH 11	NAME OF HOSPITAL, N		~ -	120. USUAL OCCUPATIO	ON 126 KIND OF BUSIN	MD. IESS OR
- 5 to 14/	11	110 A	1410P CAR	STREET ADDRESS)	1A TR 11.110	TYPE OF WORK FOR MOST OF		
2 5 9	USU	ALRESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	14112011G	1 TOUSEW	11-0-	
AND 2	13a	STATE 136 COUNTY	13c CITY OR	TOWN	134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	71 + BI	
LAN LAN Shoul	14.5	ATHER'S NAME	5 144	AIRVIII	YES NO D	138/1	2101	them.
Jakyla d within d 2 sh nd 2 sh	111	FIRST	DLE A LAS	т	FIRST	WE	LAST	
MA ted and and		JAMES KE	ennedy 1	Moore	ID		M.L.bour	D N
ond co		VAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		SECURITY NO.	17. INFORMANT 1845	RedwoodDRE	Perrace, N.W.	1 74 10
BALTIMORE.	1	No		7 6919	Mazella H	. Layton	(Daughter)	
ALT Sicio pers ol.		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)			APPROXIMATE INTE	RVAL
T., B.		PART I. DE ATH WAS CAUSED E	SY:	1 1				Z DEATH!
0 00 0		IMMEDIATE (
PRESTON he death come outendin emove cardin mation, or r traumotic		710-	DUE TO, OR AS A CONS	SEOUENCE OF				
s de de de trau		Conditions, if ony, which gove rise to immediate	(b)					
0 0		couse (a), stating the underlying cause last	DUE TO, OR AS A CONS	SEQUENCE OF				
al b		onderlying coose lost	(c)					
DS, 20	7	PART 2. OTHER SIGNIFICANT CO	nditions <u>contributing</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(0)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of official physicion. The this certificate has been sig as the burol-tronsit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	CERTIFICATION							
any price	CA	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	WAS PERFORMED	20e. AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA	
ALR he hours	E					YES NO	YES NO [
VIT. T NYSICI CONSIGNATION OF STATE OF	18	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	VE.15	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2)	
I OF VITA I OF VITA SICIAN: T ing physici certificate riol-transi ental Hygi	S S	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	DAY YEAR				
ON Ading Sor Born	100	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION			
71SP Then the ond ced ced	MEDI	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOW	N COUNTY S	TATE
DING or of or of se as 1 solth o				9-	70	11-1-	5 79	
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F. Gasch's Sons P A Hyattsville, Md.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH-16 20M

(VRA 15, 4) 7/78

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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HOURS

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IF UNDER 24 HRS

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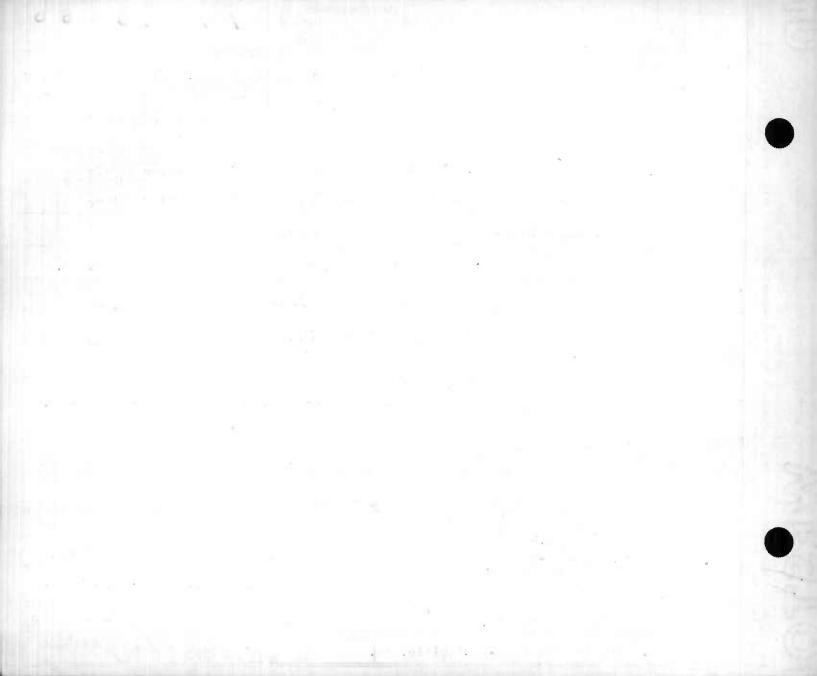
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25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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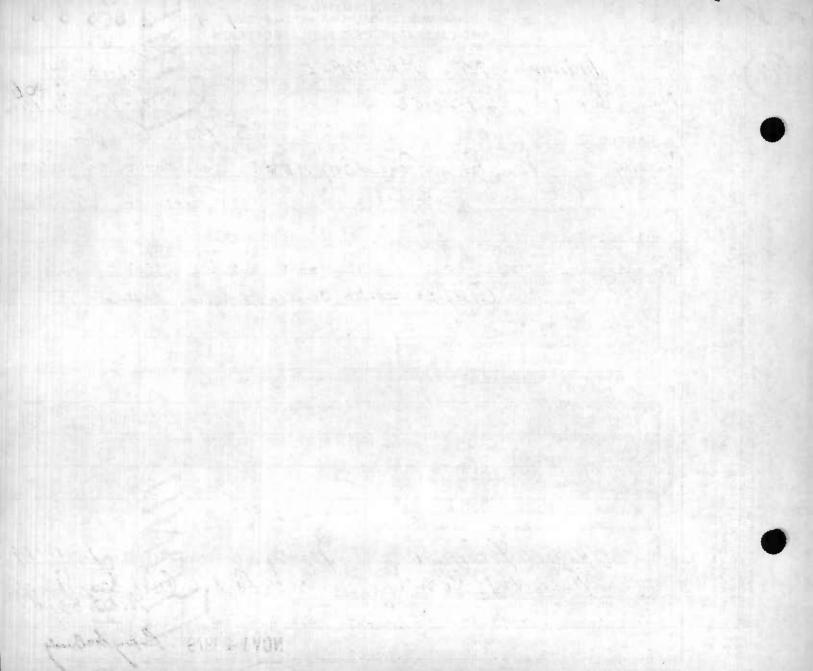
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	WITH F		18. CAUSE OF DEA	ATH (Enter on	ly one cause per	ine far (a), (b), and (c),)		204	-	/	APPROXIMAT BETWEEN ONSE	E INTERVAL
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DHMH - 17	24. F	NAME DIREC	LIOR	ADDRESS			NO'		Tirkow)	20 Creed	
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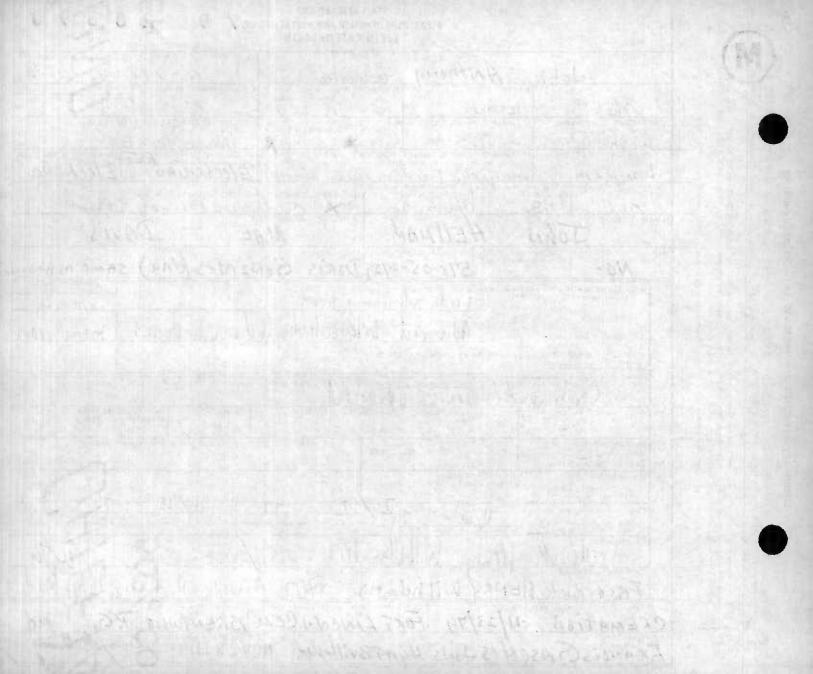
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Course Sons, F. .. dylinoville, Mt. My V. Trial

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FOR

(VRA 15 (4))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF ESTI-Marshall DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD -50 TO BIRTHPLACE (STATE OF BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Louisiana S. WIDOWED DIVORCED 126 KIND OF BUSINESS CITY OR TOWN OF DEATH I NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION TESTTOQ CITY OR TOWN Hardwick Ct. Pr.Geo's Upper Marlboro 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Helmick Culley Carolyn Harold 166. SOCIAL SECURITY NO 17 INFORMANT 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? A8407 Hardwick Ct. (YES, NO. OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) Carolyn C. Brown-Upper Marlboro Md. No APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause perfine for (a), (b), and (c). me (Arrythmia) PART I DEATH WAS CAUSED BY Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US E DEPARTMENT OF PRIOR TO BURIAL, OF YES NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, FTC 1 CITY OR TOWN COUNTY STATE WHILE AT WORK 22s. I certify that I took charge of the remains described above, held an Autapsy and in my apinian Inspection Accident Hamicide Undetermined manner death resulted fram: Natural causes DIRECT TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct. Camp Springs Md. 2003 23c. NAME OF CEMETERY OR CREMATORY 236. BURIAL, CREMATION, REMOVAL 236. DATE West Va. Morgantown Pisgah Cemetery Burial BP. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Coleman ADDRES-Upper Marlboro, Maryland 20870: **DHMH-17** VR A15 ME (5)) Funeral 15M 7/76

MEDING TO THE MERKED 1011 While Seit 3-14 5573 A service of the service of A contract the contract of the first of the (abrahama) a was to be a said t 据进行的 English E and the state of t - 1 1/21/79 - 13/25 Compter Constant - 10/21/79 icing to be a series of the contract of the co

STATE OF MARYLAND 79-28692 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR FIRST DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) John Henry Abraham DEATH MATED & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE PRONOUNCED DEAD NEVER MARRIED Maryland USA WN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY Retired Carpenter 1137 CITY OR TOWN 13d INSIDE CITY LIMITS? 2208 Alstead Lane Mitchellville Marvland 15. MOTHER'S MAIDEN NAME LAST Annette Jones Abraham John Henry IT INFORMANT 2208 Alstead Lane-Mitchell-166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 218 12 9145 Mrs. Amy Henry-wifeno APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per big for (a), (b), on PART I DEATH WAS CAUSED BY: Cardiovas cular discon DUE TO DIMES A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? ART/AENT OF OR TO BURIAL, YES NO BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY LATHOME. 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER SIGNED Augusto P. Rodtiguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 Chapel Church Cemetery 750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTO **DHMH - 17** Benhing Road Malready (VR A15 ME (5)) 15M 7/76

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FOR			IE OF MARYLAND HEALTH AND MENTAL H	TYGIENE 9 2 8	6 9 3
	STRAR		ER'S CERTIFICATE C		
1. DECEAS	ED NAME FIRST MADE	cline Elizabeth	HERITAGE	20. DATE KNOWN X MON' OF ESTI- DEATH MATED 1	
3. SEX fema		DATE OF BIRTH MONTH DAY YEAR 6 AGE (IN YEAR LAST BIRTHDAY YEAR 43 YEAR	Y) MONTHS DAYS HOURS	24 HRS. 2c. DATE MONT MIN. PRONOUNCED DEAD 1	H DAY YEAR 24 HOUR
Tenn.	COUNTRY)	b. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARR WIDOWED DIVORC	ED Prince George	's Co. MD.
Ch	everly	II. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Prince George's Gen OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSING	. Hospital	12a. USUAL OCCUPATION (TYPE OF WORF FOR MOST OF WORKING LIFE) hostess	or industry restaurant
130. STATE Md	1. IS COUNTY	A. Is city or town Severn	13d. INSIDE CITY LIMITS? YES \(\text{NO } \(\text{K} \)	7933 Barnhill	Circle
	FIRST	MIDDLE LAST	15. MOTHER'S MAIDE	EN NAME MIDDLE	LAST
160. WAS D	DECEASED EVER IN U.S. ARME (IF YES, GIVE WA	AR OR DATES)	NO. 17. INFORMANT	ADDRESS	Fields
18 0	CAUSE OF DEATH (Enter only of	408-58-563 ane cause per line far (a), (b), and (c).)	6 George L.	Hertiage same	as 130
	PART I DEATH WAS CAUSED B	Multiple in	juries		BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	DF		
		NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI		RT 1 (a).	
TIFICA	DATE OF OPERATION	196. CONDITION FOR WHICH OPER.	ATION WAS PERFORMED?		20 AUTOPSY? YES ☒ NO □
CALC	EXTERNAL CAUSE WAS DERLYING AOR NTRIBUTING CAUSE OF DE		Driver in au	to/truck collision	
WHI AT V	INJURY OCCURRED ILE NOT WHILE WORK AT WORK	STREET. ACCOUNTAGE,	301 TREET 381	Brandywine Pri	Mce George's Mc
ded	27a. I certify that I taak charge c ath resulted from: Notural	of the remains described abave, held an causes : Accident X, Sui	Autopsy X, Inspection cide , Homicide , TITLE (SPECIFY) M.D. Assistan	Undetermined manner .	
(TYPI	MINER'S NAME Ann E OR PRINT) Ann CREMATION, REMOVAL 236.	M. Dixon, M.D.	ADDRESS 111	Penn St.	
(SPECIFY)	1)		ridge Cem.	Dorsev Md.	OUNTY STATE
24. FUNER	AL DIRECTOR	Home 12 Ridgely AVe	25a. DATE	REC'D. BY REGISTRAR 236. RESISTRAR	SSIGNATURE

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	And to		CEASED NAME CH	arles 1	Willord	H12	L MAN	20.	DATE KNOWN OF ESTI- DEATH MATED		DAY YEAR	26 HOUR
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	JURS AFTER DEATH. # 18. GIVE PAGES 1, 2, 17. PAGES 1 AND 2 SI 18. PAGES 1 AND 2 SI 19. PAGES	16a. V	Yes V	YES GIVE WAR OR DAT	57	8-10-66	100	a J. Hi	ADDRE			
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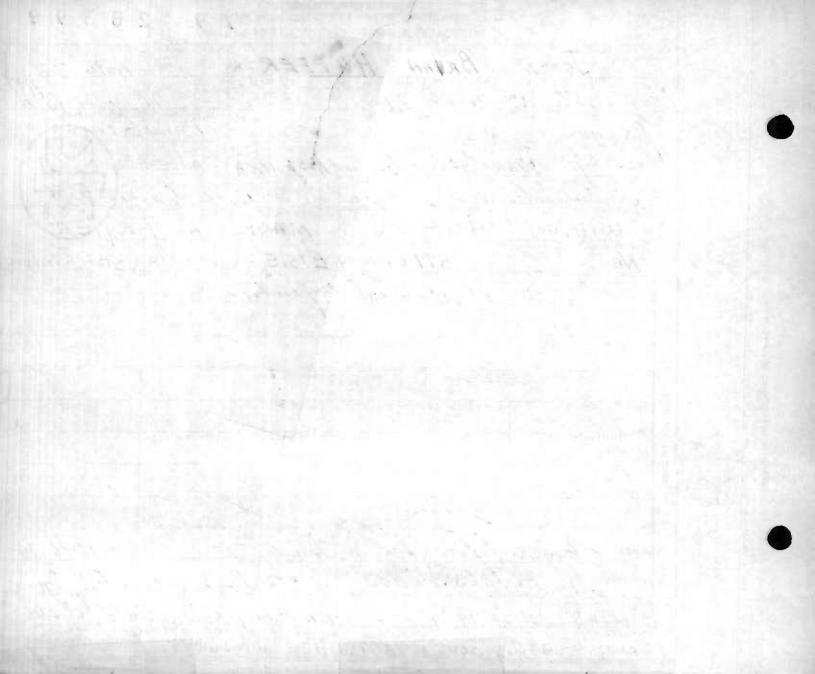
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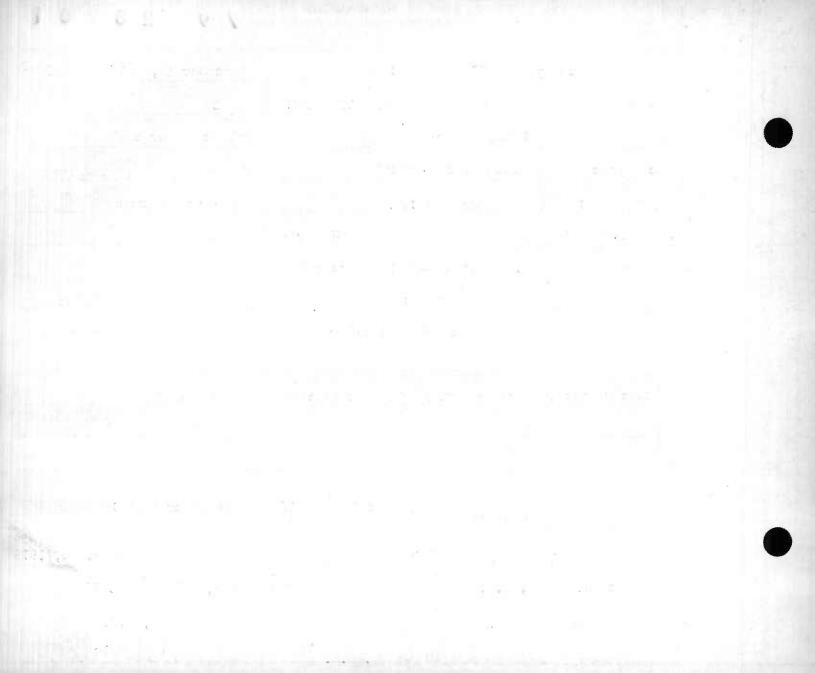
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	1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HY	GIENE 7 9	2.	8 /	0 1
		CEASED NAME FR	ST	MIDDLE		AST	26 DATE OF DEATH	MONTH D	DAY YEAR	2b HOUR
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od	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
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by the fu		ty or town of death lenn Dale	11. NAME CO	F HOSPITAL, NURSII SUCHFACILITY, GIVE STREET Dale Hos	ADDRESSI pital	OR OTHER INSTITUTION	170. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Unknown		E) INDUSTRY	of Business Or Cnown
filled in could be	Wa	shingtonDQ	OME OR OTHER INSTITUTE COUNTY	ON. GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e. STREET ADDRESS No fixed	addr	ess	
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d by the attending lease remaye carb tal, cremation, ar r or other troumalic		Canditions, if any, wh gove rise to immedicause (a), stating underlying cause la	ich (b),	OR AS A CONSEOU Bronchoge: OR AS A CONSEOU	nic ca	arcinoma			two	months
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hos been the permit the permit the permit the prior tows only	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY?	206. IF YES	, WERE FINDITY YING CAUSES	NGS USED S OF DEATH?
ng physic certificate priol-trans ental Hyg Item 18 sh		710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA	OF DEATH HOUR	OF INJURY A.M. MONTH D	AY YEAR	ZIC HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUI	LY IN ITEM 18, PA	ART I OR PART 2)	
ottendin ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE.	FARM, ETC)	ZII LOCATION STREET	CITY OR TOV	/ N	COUNTY	STATE
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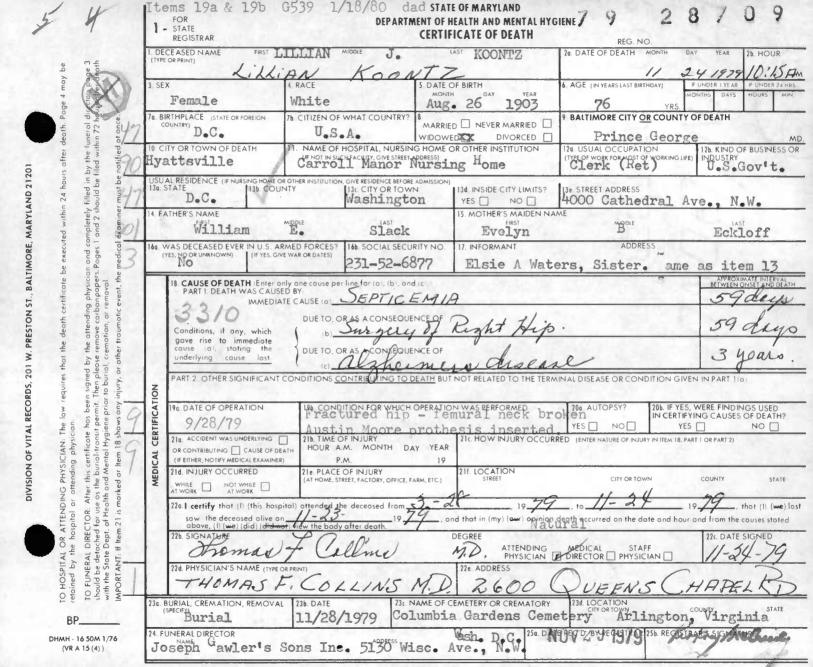
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1. F ANY 3 RET AND A RECC	13a. S	THER'S NAME	A A			EC	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAID	RED	/	Box	421	
BALTIMORE, MD. UNS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND Z T. PAGES 1 AND Z DIVISION OF MITA	16a. V	FIRST O (6.	FORCES?	16b. SOCIAL SEC	CURITY NO.	Donald	A Wille	ADDRE	MEN. SILVER	Sanfor Setin	J Rd 2 Md
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CORDING WEDIC AS A ALTH A MATIC	TION						E OR CONDITION GIVEN IN P	PART 1 (a)).				
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WRI PAGE 4 SHOULD BE FORWART AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 212018		22a. I certify that death resulted from ACTUAL SIGNATURE	m: Natural co	a P	Accident ,	Suicide	Hamicide Title (SPECIFY) Deputy	Undetermined MEDICALE Rayburn	d manner		11-30	
BP	1	(TYPE OR PRINT) JRIAL, CREMATION JIPY JINERAL DIRECTOR NAME					ADDRESS OR CREMATORY 10 No 4 250 DATE	23d. LOCATIO	IN TRAP TIL RE	COUNTY GISTPAR'S SIG	Va str	
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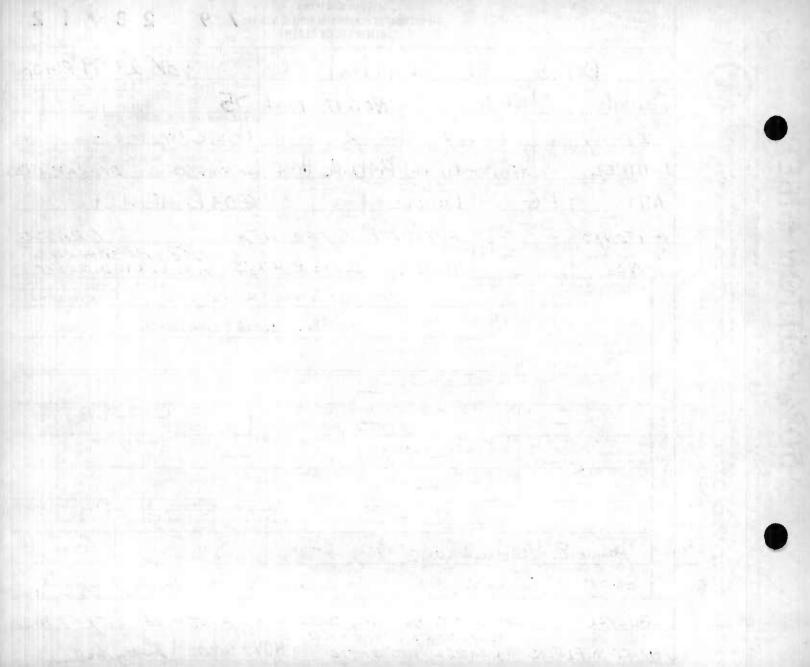
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11-	FOR STATE		MARYLAND H AND MENTAL HYGIEN CERTIFICATE OF DEA	ATL	3/10
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	male white	6 25 54 25	UNDER 1 YR. IF UNDER 24 HRS. NIHS DAYS HOURS MIN	PRONOUNCED DEAD 11	28 1979 PM
W	oreign country) ashington, DC	USA WIDG	RRIED NEVER MARRIED A	9. BALTIMORE CITY OR COUR Prince George	e's County MD.
-	Chever ly	11. NAME OF HOSPITAL, NURSING HOME, OR O (FNOTAN SUCH FACULTIONS STREET PODRESS) Prince George's Co. F		ual occupation (ST was most of working life) ST was listed man	US Navy
130.7	AL RESIDENCE (IF IN NURSING HOME MATTYLAND	or other institution, give residence before admission) Itgomery \$11vor Sprin	13d. INSIDE CITY LIMITS? 13e STR 18 YES NO 12	REET ADDRESS 705 Summerwo	od Drive
	John	John Kolaral	Delphine	MIDDLE	wonski
2 160.	77	ive Duty 213-66-2404	John J. Kov	12705 Summ	erwgod _M Br.
NO	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>under lying cause lost</u> .	TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b)			BETWEEN ONSET AND DEATH
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY? YES NO
MEDICAL CER	AT WORK AT WORK	DEATH TOP AM. MONTH DAY YEAR 1979 dr. 71e PLACE OF INJURY (AT HOME, 211. 1 through the street of th	iver of auto 10 OCATION STREET O Blk. Calvert Ction of Street	strcontrol str	uck fixed object Park, Maryland
The same of the sa	death resulted from: Note	Accident XX Suicide Cargarita A. Korell, M.D.	Homicide , Under TITLE (SPECIFY) M.D. Assistant MED	DICAL EXAMINER SIGN	11/20/70
(BURIAL, CREMATION, REMOVAL SPECIFY) Burial		OR CREMATORY 23d. LC CITY AT	Cation co Clington Arj	ounty state
24. F	FUNERAL DIRECTOR	8655 Ga. Ave.Silvers	250. DATE REC'D. BY	y registrar 236. registrar 5	SKNADIRE Brooky

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4	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.) / 1 7
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y the hosp y the hosp Ral DIRECT detoched fi forte Dept. o	22b. SIGNATION	chit	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22 DATE SIGNED 22 NCV 79
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TIMO Do on	YES 193	34-1964 517-09-	2415 ELIZABETH R	LONG (W) AF	RLINGTON, VA 2220
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ITAL OR hy the protection of the hy t	22d, PHYSICIAN'S NAME (TYPE	Mussoh.	D.O. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/27/79
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JAMES L. LUTZ FRIST EVA E. U	
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(IF YES, GIVE WAR OR DATES) 189-32-5663 VIRGINIA F. WANNER MOHNTON, P. 18. CAUSE OF DEATH (Enter only one cause per per for (a), (b) and (c).)	
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22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner , TITLE (SPECIFY) M.D. Deputy	9-79
BP BURIAL 11/23/79 FOREST HILLS MEMORIAL PARK EXETER BERKS 24 FUNDAMENTAL DIRECTOR FRANCIS J. COLLINS 230. NAME OF CEMETERY OR CREMATORY COUNTY COUNTY COUNTY BERKS 24 FUNDAME OF CEMETERY OR CREMATORY 123d, LOCATION COUNTY BERKS 24 FUNDAME OF CEMETERY OR CREMATORY 123d, LOCATION COUNTY BERKS 24 FUNDAME OF CEMETERY OR CREMATORY 123d, LOCATION COUNTY BERKS 250. DATE REC'D. BY REGISTRAR 1256. DATE REC'D. BY REC'D. BY REGISTRAR 1256. DATE REC'D. BY REC'D. BY REGISTRAR 1256. DATE REC'D. BY REC	STATE PA

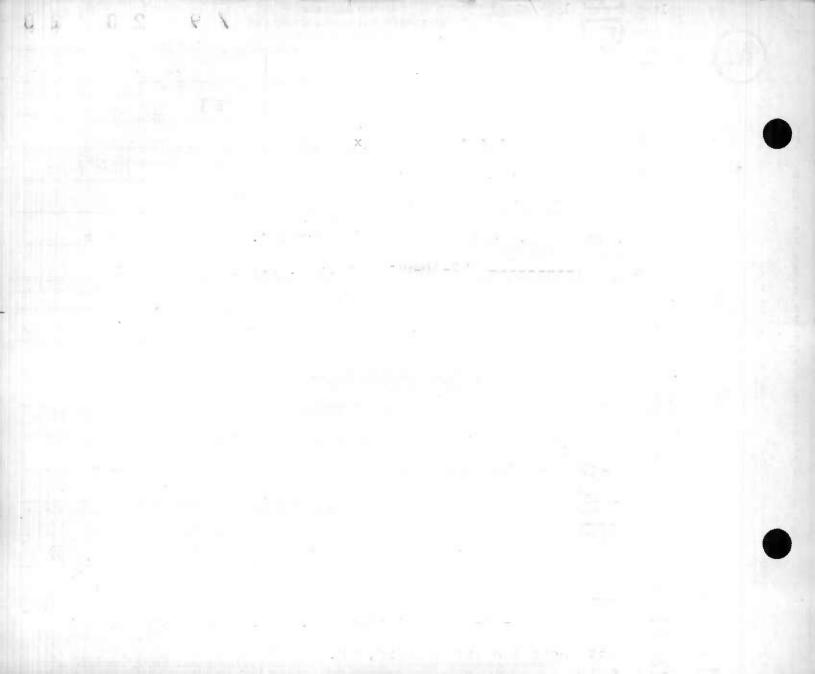
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SR: A Use Use Is med is med		220 certify that (1) (this hospital) attended the deceased from (1-1-74), 19 , to (1-1-74)	, 19, that (I) (we) lost
ATTE Spirt Spirt diform f. of m 21		sow the deceased plive on (1 — 19 , and that in (my) court opinion death occurred on the date and ha obove, (1) (met.) (ald) indicated the least to the body of the dath. 228. SIGNATURE DEGREE	22c. DATE SIGNED
tache Dep		HOD+ 1 - NO ATTENDING V MEDICAL STAFF _	11-1-79
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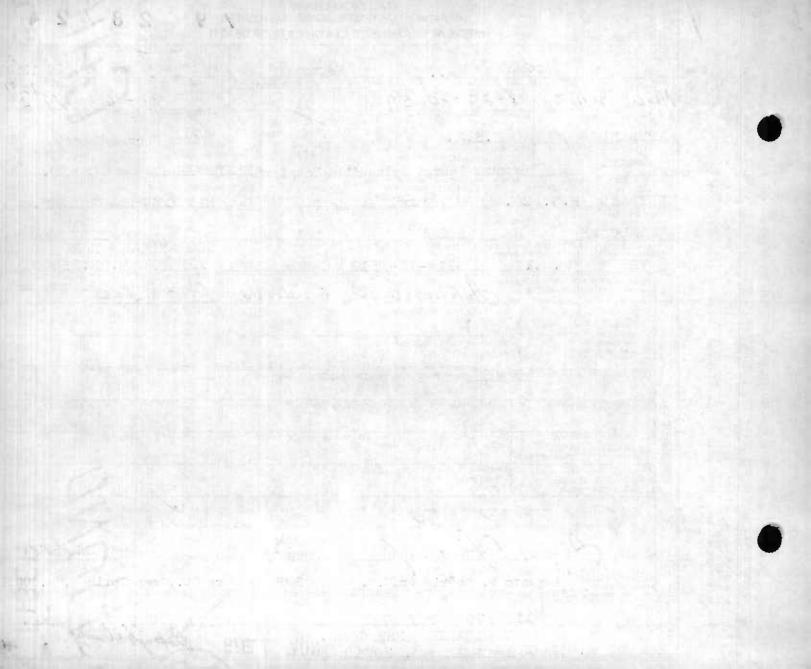
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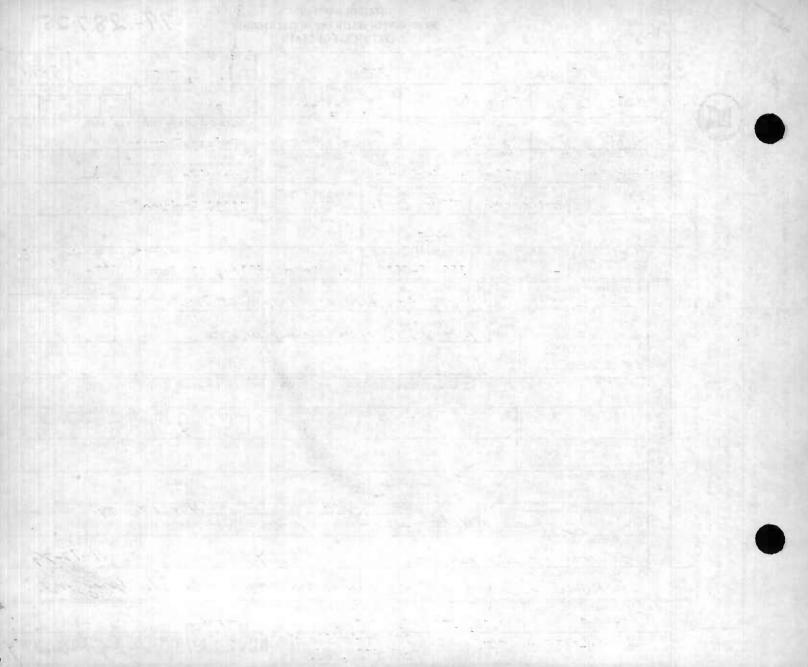
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME Guy O DATE KNOWN Murphy (TYPE OR PRINT) ESTI-GUY DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS PRONOUNCED -10 DEAD 9 BALLWORE CITY O BIRTHPLACE ISTATE OR OR-GOUNTY OF DEATH NEVER MARRIED Wakefield. Va USA DIVORCED 176 KIND OF BUSINESS OR TOWN OF DEATH U-NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Ret- Electrician Local #26 JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE CITY OR TOWN 3013 Cheverly Ave (20785) Cheverly 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST William Winfield Murphy Patty Bailey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Cheverly Md. 20785 (YES NO OR UNKNOWN) None None 578-07-2849 Pauline S. Murphy-wife 3013 Cheverly Ave 18 CAUSE OF DEATH (Enter only one cause per line for La), (b), and (c).) Fre Carden VASC PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF anditions, it any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? BURIAL, YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 10 WEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 216 PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 22s. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian ARYLAND TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE 1 TO FUNERAL DIRECTE AFTER DEATH, WITH TI BALTIMORE, MARYLAN Homicide Undetermined monner death resulted from: Natural couses TITLE (SPECIFY) ACTUAL SIGNATURE Deputy EXAMINER'S NAME ADDRESS 5009 Rayburn Ct. Camp Springs, Md. 20031 Augusto P. Rodrighez.M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 73r NAME OF CEMETERY OR CREMATORY Buriel Colmor Manor, Md. Fort Lincoln Cemetery 11-21-79 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH-17** Lee Funeral Home 300-4threst. N.E. Wash. D (VR A15 ME (5)) 15M 7/76

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STATE OF MARYLAND

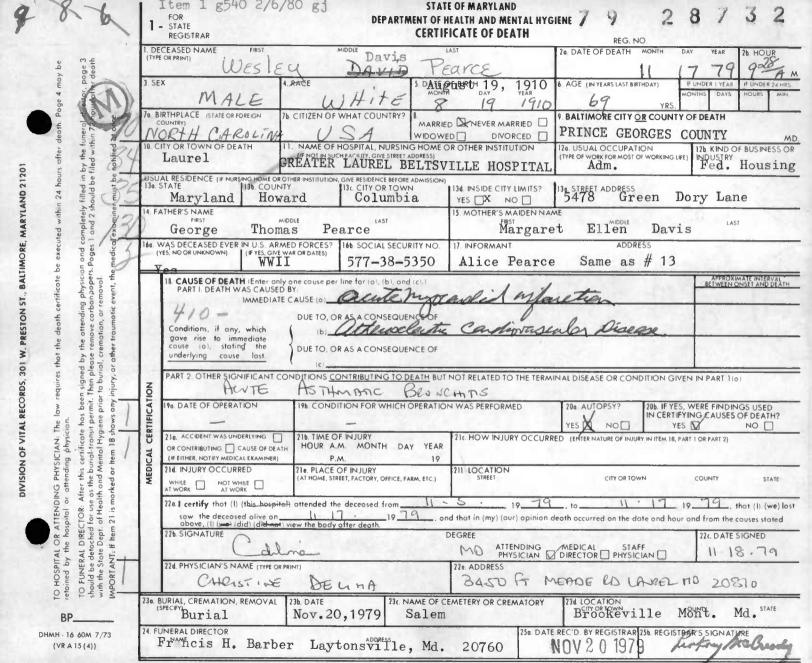
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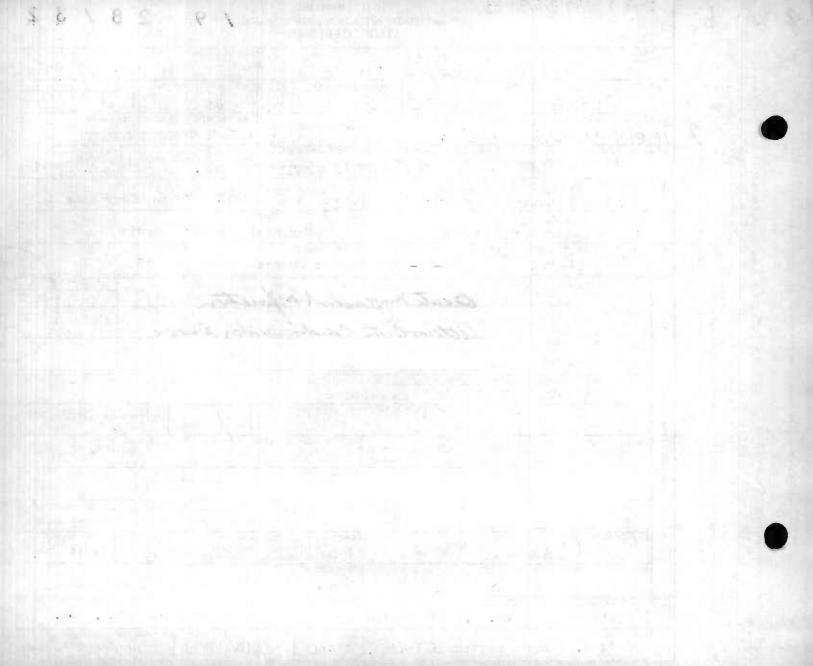
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Items #23c per phone call w/Fun. STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH PAULTNE H. 25 HOUR PEIRCE TYPE OR PRINTS 3 SEX RACE Female IF UNDER I YEAR IF UNDER 24 HRS White DAYS HOUR5 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Prince Georges 12.4h, DO. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY Home (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Prince Georges Hyattsville Md. 4922 LaSalle Rd. YES | NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Joseph Howard Antonia Hau Del Paisano Phoenix Aeiz 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No Mrs Edwin J. Madill, Dtr. 5630 E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/2 CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NO [Mental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK NOT WHILE 22s I certify that (I) (this haspital) aftended the deceased from Assault Nov-26 the deceased alive on A bross but 26, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deta with the State [PHYSICIAN DIRECTOR PHYSICIAN MPORTANT PAUSICIAN'S NAME (TYPE OF PEND) 22e ADDRESS Fitzgerald 13s. FUMAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h DATE Burial STATE Washington D.C. Mt. Olivet Cemetery 250. DATE REC'D. BY REGISTRAR 256. BUSTRAR'S GINAGURE
DFC 0 3 1979 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 oseph Gawler's Sons Inc. 5130 Wisc. Aye, N.W. (VR A 15 (4))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Perez DEATH MATED DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 05 DEAD BALLIMORE CITY OF COUNTY OF DEA O BIRTHPLACE (STATE OR NEVER MARRIED U.S.A. Cuba WIDOWED DIVORCED HAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK OWN OF DEATH OR INDUSTRY Hairdresser Cosmetology R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS TE STATVA 13c. CITY OR TOWN 1135 - Hemlock St. III COUNTY 13d: INSIDE CITY LIMITS? Lynchburg YES X NO [] 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Unknown) Alfonso Perez Caridad 7. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Juana S. Perez 578-16-0933 Same as above No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) Util and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: pertensive cerepro-Copilio Va Scular diseas Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECORDS. CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I toak charge of the remains described above, held an ond in my opinion Autopsy Inspection TO MEDICAL EXAMIN
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE
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AFTER DEATH, WITH TI
BALTIMORE, MARYLANI ccident Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL Deputy MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Rodribuez M. D. Augusto P ADDRESS 5009 Rayburn Ct. Camp Springs Md. 2003 238 LOCATION 23c, NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 23b. DATE COUNTY STATE 11-24-79 Burial Va. Helv Cress Cem. Lynchburg BP. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Mt. Rainier, Md. NaTiev's F.H.Inc. (VR A15 ME (5)) NOV 9 0 1070 15M 7/76

STATE OF MARYLAND

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11-20-79 12:30 PM CHEVERLY PRINCE GEORGE'S GERBRAL HOSPITAL CLICAL STREET THE DESIGNATION OF THE PROPERTY OF THE PROPERT Little little at the Elf- of and the Fit - 1-31" or on the

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN OF ESTI-(TYPE OR PRINT) 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS YEAR LAST BIRTHDAY MALE CAUC. AUG 5 1903 76 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X U.S.A. WASH., D. WIDOWED [DIVORCED 12b. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! CHEVERTY PRINCE GEORGE GENERAL HOSPITAL RETTRED GOVERME FHH). USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN PRINCE GEORGE CAMPSPRING YESX NO 17600 LANHAM LANE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST LAST MARGARET PETERS 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Quicksburg. Va. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) WW PIRTLE Rt. 1 BOX 60 LARRY ROSS CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c). BETWEEN ONSET AND DEATH Dunde Vasquelor du ea PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 161 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE Inspection 22a I certify that I taak charge of the remains described above, held an Autopsy Hamicide Undetermined manner Accident RAYBURN COURT CAMP SPRINGS. MD 5009 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE Geo. Washington Cemtery Adelphi Md. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 17 G.P. Kalas 6160 Oxon Hills Rd. Oxon Hill, Md. (VR A15 ME (5)) 15M 7/76

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		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG NO					
1. DECEASED NAME (TYPE OR PRINT) Walter		RRR	1/	MONTH DAY YEAR 26 HOL				
3 SEX Male	Black	5. DATE OF BIRTH MONTH DAY YEAR 13 36	6 AGE (IN YEARS LAST BIRTH	YRS 11 27 79				
76 BIRTHPLACE (STATE OR FOREIGN		MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince Georges County					
Clinton	Southern M. D.	Hospital	126 USUAL OCCUPATION OF MAINTAIN	WORKING LIFE) B. KIND OF BUSIN B. DUSTRY Ed				
Md 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE A LIC. CITY OR TOWN Brandywi	ne 134 INSIDE CITY LIMITS?	13512°T&	ver Road 20613				
4 / 27	Porter	Mary FREST	WE	Holaday				
168 WAS DECEASED EVER IN U.S. AR		17 NO. 17 INFORMANT 049 Mary Holad	ay, 13912 T					
Di Abetes 1	DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE Med (TVS 1196. CONDITION FOR WHICH O	ATH BUT NOT RELATED TO THE TERM	20s AUTOPSY?	206. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT				
CO CONTRIBUTION CONTRE OF DE	HOUR A.M. MONTH DAY	YEAR 19	RED (ENTER NATURE OF INJURY	YES NO				
WHILE NOT WHILE	2 IR PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 21f LOCATION STREET	CITY OR TOWN	N COUNTY 51				
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obove. (I) (we) (did) (did)		220 ADDRESS 12309 Bala	MEDICAL STAFI	1//20100				

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-28738

		REGISTRAR				CLICITI	ICAIL OI BLAIN		REG. NO.			- 3
		CEASED NAME	FIRST	1.04.0	WIDDLE	L.	AST	2a DATE OF	DEATH MON	TH DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	GEORGE		C	PO:	TTER	NO	OVEMBER	19	1979	10:07Pm
	3. SEX	X		4 RACE				6 AGE (IN YE	ARS LAST BIRTHDAY	-	INDER I YEAR	IF UNDER 28 HRS
		ALE	- 5-0	WHITE			JANUARY 09 1895		84 YRS MONTHS DAYS HO			HOURS
8 7	CC	RTHPLACE (STATE)			WHAT COUNTRY?		XX NEVER MARRIED	9 BALTIMO	RE CITY OR CO	OVITAUC	FDEATH	
E01		W JERSEY		USA		WIDOWE			GEORG	E'S C		→ MD.
§ 1 0		TY OR TOWN OF		11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)					RK FOR MOST OF WORKING LIFE) INDUSTRY			3
840		NDREWS AFB		MALCOLM GROW USAF ME			DICAL CENTER	MILITARY Retired Capt.				t. /
16	13a. S	AL RESIDENCE (IF I	136 COUN	JTY	FOREST HO	N	13d INSIDE CITY LIMITS? YES X NO	13e. STREET A	ADDRESS SACHEM 1	DRIVE		1
5	14LFA	THER'S NAME			1.0-		15. MOTHER'S MAIDEN NAME				LAST	
9/18		Edwar		MIDDLE	Potter	ter Tda E.				C	nning	
9 7	16a. V	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMANT	<u> </u>	ADDRESS			
9				WAR OR DATES)	062 20 30	200					3 SACHEM DRIVE	
1	YF	72	MM T	-WW II	263-38-18	092	MARTHA ELLEN	BEALL	POTTER	FOR		GTS MD
#		18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c)									BETWEEN	MATE INTERVAL ONSET AND DEATH
1	-	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 101 Cardiac and ST										
Į.		410 - DUE TO, OR AS A CONSEQUENCE OF										
C.B.	13.	Conditions, if ony, which gove rise to immediate () () () () () () () () () (
or tro												
othe		couse 10, stoling the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF CONSEQUENCE OF										
0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
intury	CERTIFICATION	Old Myscardial infanction 11 act 79								IN PARI II		
, uc	A	19a DATE OF OPE	RATION	196 CONDITION FOR WHICH OPERATIO			N WAS PERFORMED				VERE FINDIN	
SM /	IFIC							YES TO	NOU	YES [OF DEATH?
5	ER	210. ACCIDENT WAS	UNDERLYING [216. TIME OF INJURY			21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)					
E 4		OR CONTRIBUTING	CAUSE OF DE	HOUR A.M. MONTH DAY				(ETTER TANDOC OF HAUNT HT TEM TO, TART T OR FART E)				
te l	J.	(IF EITHER, NOTIFY MEDICAL EXAMINER)			P.M.	19	AV LOCATION					
ō	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF (AT HOME, STREET			: OF INJURY TREET, FACTORY, OFFICE, F	FICE, FARM, ETC.) 211 LOCATION STREET		CITY OR TOWN COUNTY STATE			STATE	
orke		AT WORK A	TWORK									
2		22a.l certify tho	22a.1 certify that ([X]this haspital) attended the deceased from 18 NOVEMBER, 1979, to 19 NOVEMBER, 1979, that XIX(we) to									
21		sow the deceased alive on 19 NOVEMBER 19 79 , and that in (XX (our) apinion death occurred on the date and hour on above XIX we) (did 1814 year) view the body after death.								nd from the	couses stoted	
tem		226. SIGNATURE		-	y one dom.		DEGREE	BUICE CONTRACTOR			22c. DATE	SIGNED
=		-IM	charle	7-	11		ATTENDING MEDICAL STAFF PHYSICIAN X DIRECTOR PHYSICIAN 70				70 37	ALTERNATION OF
ANT. # Hem		22d. PHYSICIAN'S	NAME (TYPE C	R PRINT)	7		22e ADDRESS					OVEMBER '
ORT		DIFT	220	- M11	LIDE! +	0			USAF 1			
<u>a</u>		PIETRZAK MICHAELP					ANDREWS ATR FORCE BASE MARYLAND 20331					

231 NAME OF CEMETERY OR CREMATORY

Arlington Nat'l.

TO FUNERAL DIRECTOR:

Robert G. Beall Funeral Home ADDRESS 9013 Annapolis Road, Lanham, Maryland

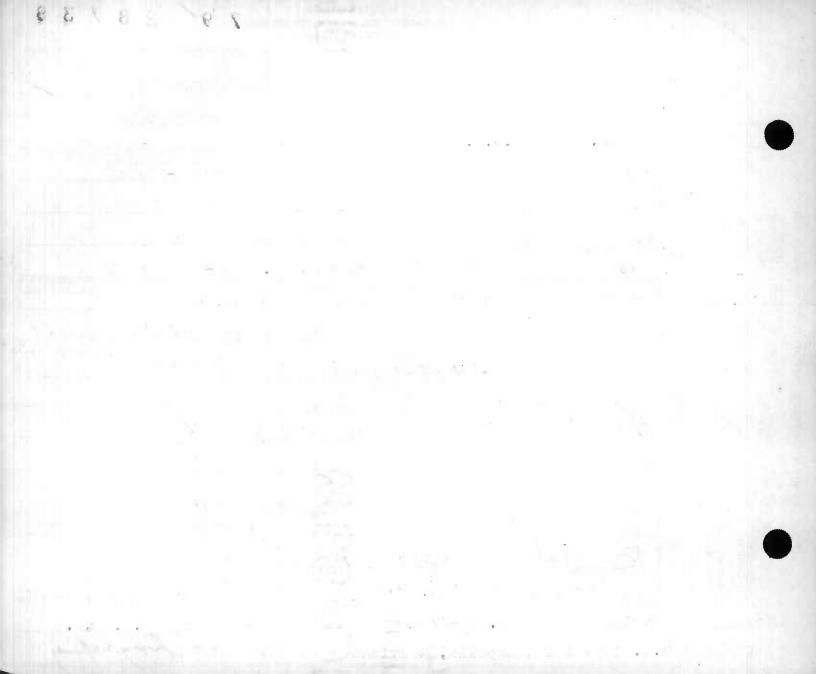
23b. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)
Burial

MATORY 23d LOCATION COUNTY COUNTY COUNTY COUNTY COUNTY Ft. Myer, Virginia 25a. Date REC'D. BY REGISTRAR 254 REGISTRAR SECRETURE NOV 2 6 1979

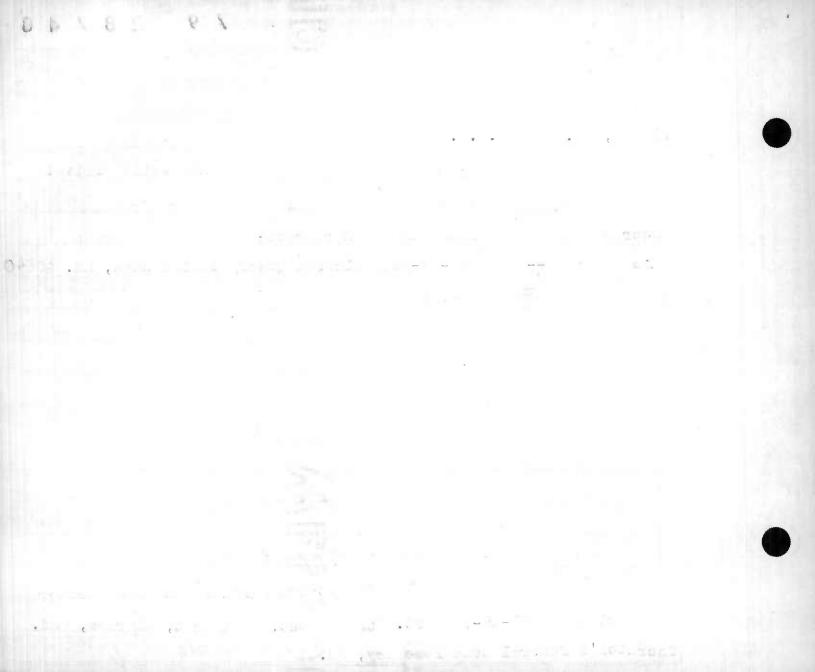
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

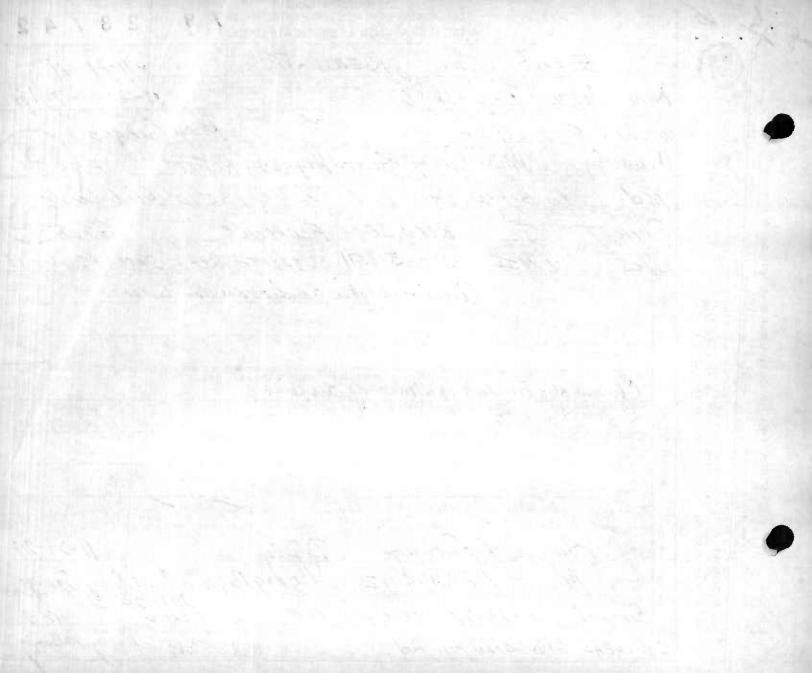
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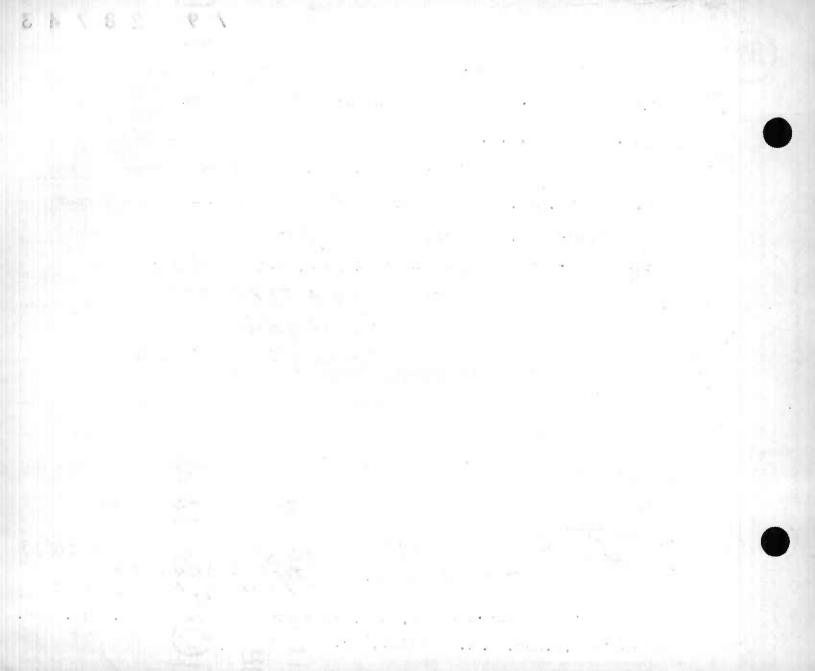


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED DEAD 16 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED FOREIGN COUNTRY) CCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR TOWN OF DEATH OR INDUSTRY Painter None IN NURSING HOME R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Landover Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Booker Lucille IAL SOCIAL SECURITY NO ADDRESS S. ARMED FORCES? (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Shelia Ray Gardner, 6515 Land No 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: 1 accutcon IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L. O. DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF H YES -NO F 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING BOR While Mouras Gluminum adder Forested hogh Voi CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED (AT HOME, AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 PRI Inspection 220. I certify that I taak charge af the remains described above, held Accident Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL SIGNATURE Deputy MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 Augusto P. Rodriguez.M.D. (TYPE OR PRINT) 234. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Harmony National Landover Marvlan 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR NAME Dudley, S Fun Home Inc1425 **DHMH-17** (VR A15 ME (5)) 15M 7/76

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1	13			STATE REGISTRAR	MEDICAL	EXAMINER'S C	ERTIFICATE OF DE	ATH OSC	et 0 /	4 4
0	1			EASED NAME FIRST	WIDDIE		LAST	REG.		
	ma	10		LASED INAME		0 -	1 - TO	20 DATE KNOWN OF ESTI-	MONTH DAY	YEAR 26. HOUR
	4.000			EMPES	T James	KER	FD JR.	DEATH MATED	11-21	079
	3000	9	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS IF UN	DER TYR. IF UNDER 24 HR	S. 2c. DATE	MONTH DAY	YEAR 20 HOUR
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	MORE, TER DE PAGE: FORM	8	Ing W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDR	ESS	C
	MA F P S	z /	(YE	SING OR UNKNOWN) (IF YES, GIVE	WAR OR DATESL	7-05-6371	-1:- 0 -11	0		1- 17
	BALTIMORE, MD. 2120 URS AFTER DEATH. IF AN S. GIVE PAGES 1, 2. AND WITH FORM PM 3. RET PAGES 1 AND 2 SHOU	/ISI		1es 140	NII 57	1-00-6211	CHILABETH	KEAD]	AMP AS	170M 13
		á		18 CAUSE OF DEATH (Enter or	nly one cause per lipe for (a), (b), ond (c).)	**		APP	ROXIMATE INTERVAL
	ON ST., I 24 HOU ITEM 18. LONG V PERMIT.	Ä,		PART I DEATH WAS CAUSE	DBY:	cosalerata	amdiova	ocular dis	real BETWE	EEN ONSET AND DEATH
	TON ST.	9		45 G S IMMEDIA	TE CHOSE (a)		- Caracter			
	ST Z Z Z Z	¥ ¥		To late	DUE TO, OR AS A COI	ASEGUENCE OF				
	A FERSINA	40		Conditions, if any, which gave rise to immediate	(b)					
	T. V. N. T.	Z Z		cause (a) stating the under-		ISEQUENCE OF				
	301 W. PRES: UTED WITHIN PENCIL IN EXAMINER RIAL-TRANSII	AR P		lying couse last.						
	DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOI RITHG THE WORD "IN PENCIL IN ITEM 18 REDE TO THE CHIEF MEDICAL EXAMINER ALONG RE 3 SHOULD BE USED AS A BURAL-IRANSIT PERMIT.	OF HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL.			(c)					
	EXE A B A B	₹0		PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASI	OR CONDITION GIVEN IN PART 1 (a).			
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	A DE CO	E E E	AT	190. DATE OF OPERATION	196, CONDITION FOR	WHICH OPERATION W	AS PERFORMED?		20 AL	UTOPSY?
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	OF V ATE THE LD B	3 a a		210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21c. HC	OW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PART 2}	
	SION OF RTIFICATE IG THE W TO THI SHOULD	\$0 V	A	UNDERLYING OR CONTRIBUTING CAUSE OF		19				
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	S S S S S S S S S S S S S S S S S S S	PR D	ME	WHILE NOT WHILE E	STREET, FACTORY, FARM,	(TC.) S	TREET	CITY OR TOWN	COUNTY	STATE
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	DIVISION DIVISION THIS CERT FICATE, WRITING SE FORWARDED TONE, PAGE 3 SH	212		22a Least for the titrak char	ge of the remains described ob	ove, held an Autop	sy , Inspection	Inquiry	ond in my opinion	
	A S S	표 수								
	M F B C	I S		death resulted fram: Natu	rol coures . Accident	L, Suicide L	, Hamicide 🔲 , Unc	determined monner	١.	
	XX GENERAL	RY Y		2	~ 100 .		TITLE (SPECIFY)			270
	100	I, §		ACTUAL SIGNATURE	no y tray	yeig "	Defetatos M	EDICAL EXAMINER	DATE	11-14
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	S G E C	TE -					ADDRESS 7	THUND LOVE	, amy	pary)
1	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3	8	23a.BL	IRIAL CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY, O		TO TOWN	20 8 mil V	STATE
1	100	0		Durial	11-24-79 (ENRE HILL	cem.	SUIT LAW	0	md
	DHMH-17 20M		24. FL	INERAL DIRECTOR			750. DATE REC'D.	BY REGISTRAR 256 RI	EGISTRAR'S SIGNATU	JRE
	(VR A15 ME	(5))	1	P. KALBS 616	O OXADORESSHILL	Pal.	MON	0 0 1070	history M	Cheody
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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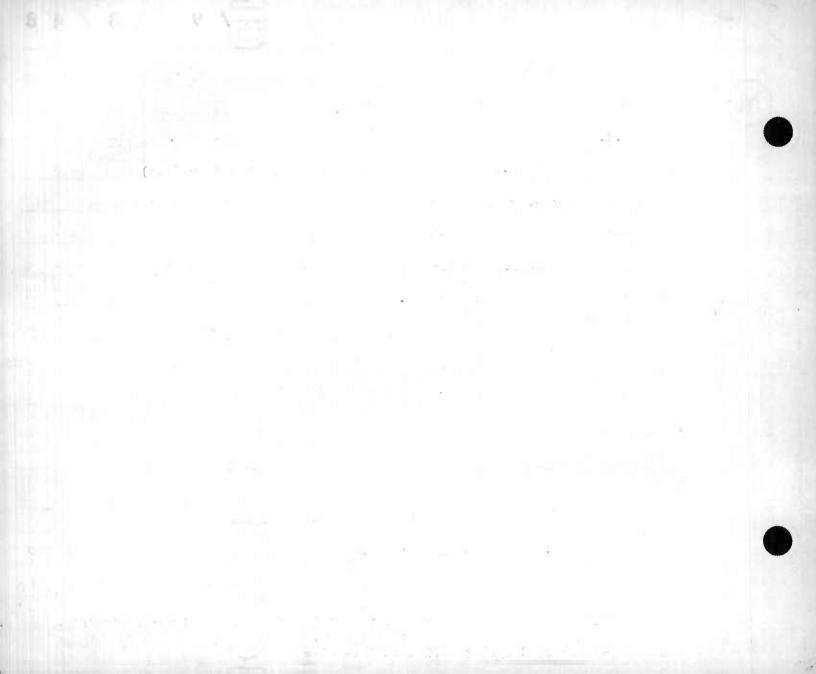
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTIonald DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED 60 DEAD To BIRTHPLACE (STATE OR VEVER MARRIED FOREIGN COUNTRY) Maryland B. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Pro Georges Hospital Cheverly U S Governmen Engineer JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS New Carrollton YES X 8108 Quentin st. Md Pro Georges 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Malcolm Latimore Ruth Buella Folkes 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) 214 18 6688 Mary Louise Ruth New Carrollton Md. Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY interro seluotro condio vasculas desense DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is CERTIFICATION HSeare 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH MEDIC 21e. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED AT WORK AT WORLE STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN STATE 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection 1 Notural causes Accident Hamicide ____ deoth resulted from: Suicide L Undetermined monner TITLE (SPECIFY) MEDICAL
PERCUTE THE
PEACE SHOU
PORTER BEATT ACTUAL Deputy SIGNATURE EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION Nov 23, 1979 Md Veterns Cemetery Cheltenham Burial Pro Georges Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) F. Gasch's Sons P A Hyattsville, Md. 15M 7/76

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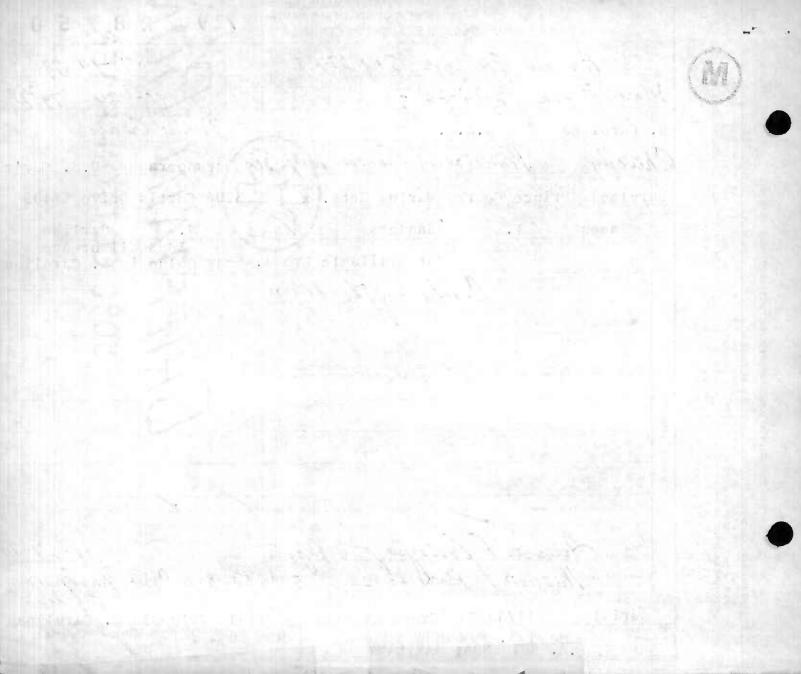


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Month 4:30M Virginia November 30 Laura Sanchez 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1E UNDER I YEAR IF UNDER 24 NRS last birthday) MONTHS DAYS HOURS Female March 28, 1897 Caucasian 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Virginia United States WIDOWED X DIVORCED [Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 3923-Livingston Street BALTIMORE, MARYLAND 21201 Hyattsville Ret. U.S. Government 13o. USUAL RESIDENCE (Where deceased lived if institution: Residence before 1)3c CITY OR TOWN 13e. STREET AND NUMBER 3923-Livingston Street Prince George Hyattsvill 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Richard Henry Powell Laura Tombs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Maryland (Yes. no. or unknown) (If yes give war ar dates of service) Paul M. Crowley 11336-Cherry Hill Rd., Beltsvil 217-52-6065 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: PRESTON STREET. ende IMMEDIATE CAUSE (a) Conditions, if ony, which gave : rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a AHTOPSY? CAUSES OF DEATH? YES [NO P 21a. ACCIDENT WAS 21b. TIME OF INJURY UNDERLYING [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) examin DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark edical couses stoted obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d PHYSICIAN'S 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) Fort Myer, Virginia Arlington National Cemetery 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE J.Wm.Lee's Sons Co.300-4th St., NE, Wash., D.C. DEC (VR A15 (4))

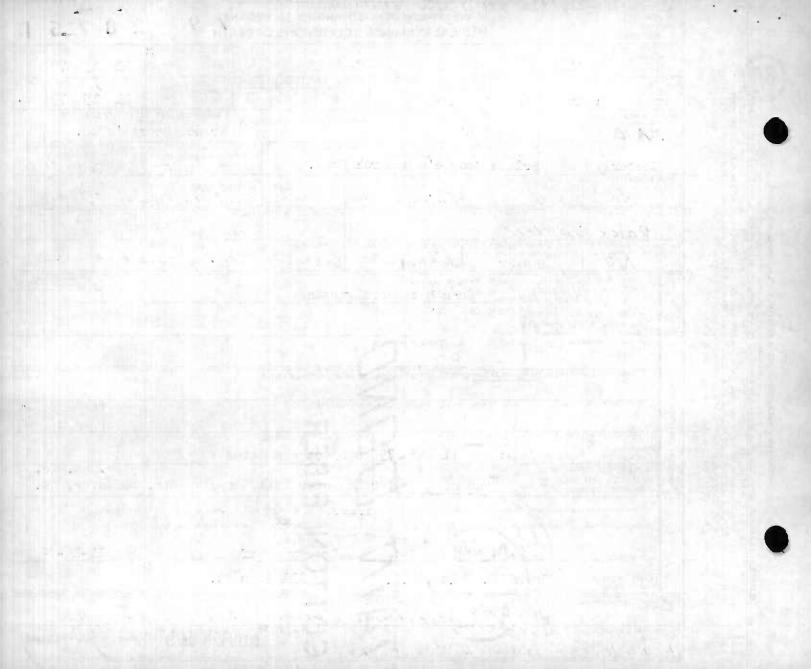
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217-52-605- Hull M. Irowle, 117 3-Cherry H'11 Pt., Bel 15- 1
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V 8 S I Meanfall from instructions to benchmark

Buriel Dec.4,1979 Arlineton Mational Jametery Fort Pyer, Virginia J. m. Lee's Lone Co. 300-4th St., NY, Lash., D. C.



FOR STATE REGISTRAR	MEDICAL	OU TSTATE OF MARYLAND MENT OF HEALTH AND MENTAL EXAMINER'S CERTIFICATE	2 63	28/51
PE OP PRINT		SANDERS	20. DATE KNOWN A OF ESTI- DEATH MATED	MONTH DAY YEAR 26 HOUR 11 1519 79 M
	5. DATE OF BIRTH MONTH DAY YEAR 2-3-1964	LAST BIRTHDAY) MONTHS DAYS HOURS	ER 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 2d HOUR 11 15 19 79 6pm
OREIGN COUNTRY)	16. CITIZEN OF WHAT COULD	MARRIED NEVER MAI	- D.J	COUNTY OF DEATH
Cheverly	Prince George	's General Hosp.	120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	
STATE Md 136 COUN	IIX II3 CIT	Y OR TOWN 13d. INSIDE CITY LIMITS?		late Dr.
Price Spn		LAST FIRST TVY	MARSH 11	LAST
YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	known Gentrud		. Oxman Rel
Conditions, if ony, which gove rise to immediate couse (o) stating the underlying couse lost.	D BY: TE CAUSE (o) Crani DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c)	O CETEBRAL TRAUMA NSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
19g. DATE OF OPERATION			PART 1 (a).	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF INJURY HOUR AM MONTH DEATH 0:30pm, 11/	PAY YEAR 216 HOW INJURY OCCUR		YES X NO C
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INTURY	VATHOUS 211 LOCATION		Pr. Geo. Co. Landover, Md. STATE
22a. I certify that I took charg deoth resulted from: Notus		TITLE (SPECIFY)	Undetermined monner .	in my opinion
SIGNATURE	nomas D. Smith	1 4	hieffedical examiner Penn St.	DATE SIGNED 11-16-79
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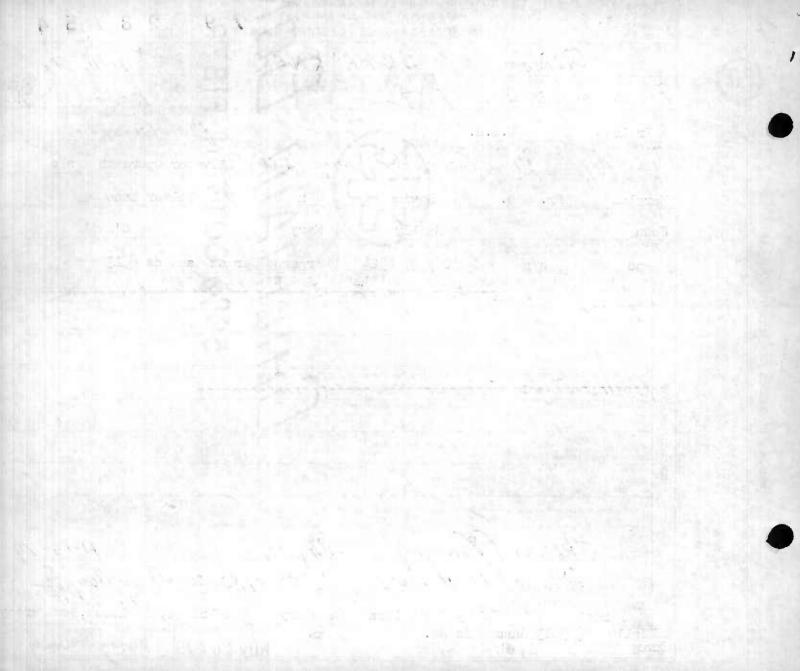


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DIVISION OF VITAL RECORDS,

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	X = = = 3 = 3		ACTUAL SIGNATURE	11 /2	duquel	m Stately	MEDICAL EXAMINER	DATE //-	-16-79
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNETH AFTER DEATH, BALTIMORE, MA		EXAMINER'S NAME (CLE LLS	TO P. Pez	MIGUEZ	ADDRESS 50	og Raybuml	Court, Cou	p Sings
1	0 503 PAGE A 50 50	23a. B	URIAL, CREMATION, REMOVAL 2 Burial		23c. NAME OF CEMETE Beth Israel		Woodbridge,	Middlesex,	New Jersey
	DHMH-17 20M 1/73 (VR A15 ME (5))		PART PUNERAL HOME	Annapoli	s Rd.			REGISTRAR'S SIGNAT	
			ALL TOTAL	- 1 415/1111/11			ENTRO UNIO	-/-	



	I. DE	REGISTRAR CEASED NAME FIRST	WIDDIE	CEKTIFIC	CATE OF DEATH	REG. NO		Y YEAR 2b. H
	{TYPE	ORPRINT) Susat	M.	SCHU	ELKE	November 1:		
	3 SE		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER I YEAR IF UNDER 24 HR
		Female	Caucasian	Nov.	16 1942 YEAR	36	YRS.	ONTHS DAYS HOUR
11		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	/? 8 MARRIED	☐ NEVER MARRIED ★	9 BALTIMORE CITY O	_	
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17	USU 13a. S	TATE 13b C	WE OR OTHER INSTITUTION, GIVE RESIDENCE BER OUNTY 13c. CITY OR TO Washing	WN	3d. INSIDE CITY LIMITS? YESXX NO [13e. STREET ADDRESS 2802 - 27tl	h Stree	et Northw
101	14. F/	THER'S NAME FIRST	MIDDLE LAST		Susan	ME MIDDLE	G	LAST
7	16a \	IETBETT VAS DECEASED EVER IN U.S		CURITY NO.	17 INFORMANT			eaf Dr.
5		ES, NO OR UNKNOWN) (IF YES	577 -60 -	9469DI	Herbert T.			
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		PART I DEATH WAS CA	SUSED BY: DIATE CAUSE (0) Gram ne	gative	septicemia			hours
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is morked		220. I certify that (this h saw the deceased alive above, (Maye) (did) (di	ospital) attended the deceased from November 13 19.		that in (Xy) (aur) apinian	death accurred on the de		and from the causes
			1. 7. ~10.		ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗍	Nov. 13
		James	wwes my					
L		224. PHYSICIAN'S NAME (T	W. Wills, M.D.		22. ADDRESS G1	enn Dale Hos enn Dale, M	spital	20769

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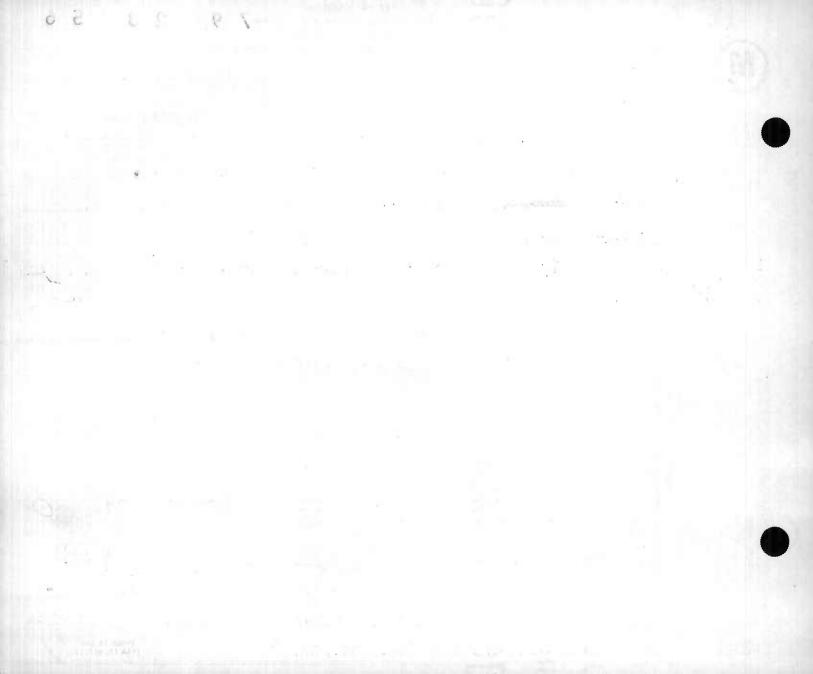
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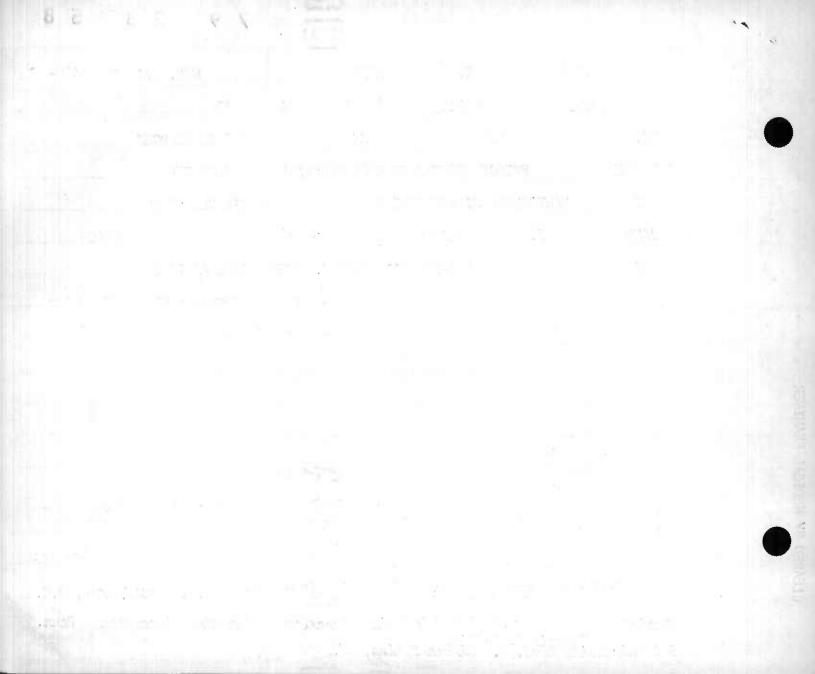
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a DATE OF DEATH 26. HOUR SCOTT November 10. 5 DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS MONTH DAY YEAR 1916 Dec 20 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince Georges County WIDOWED X DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACELITY, GIVE STREET ADDRESS)
OCTORS HOSPITAL of Pr. Geo. Co. LTYPE OF WORK FOR MOST OF WORKING LIFE! Bookkeeper 13c. CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 6804 Rhode Island Ave YES TO 15. MOTHER'S MAIDEN NAME MIDDLE LAST Willie Lee Wagner 4938 Eskridge Terr. N.W. 166 SOCIAL SECURITY NO 17 INFORMANT 245-26-7874 III. Washington. D.C. Walter M APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🗍 YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR 21f LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY Virginia Arlington National Arlington Ives Funeral Home, 2847 Wilson Blvd., Arl., VA.

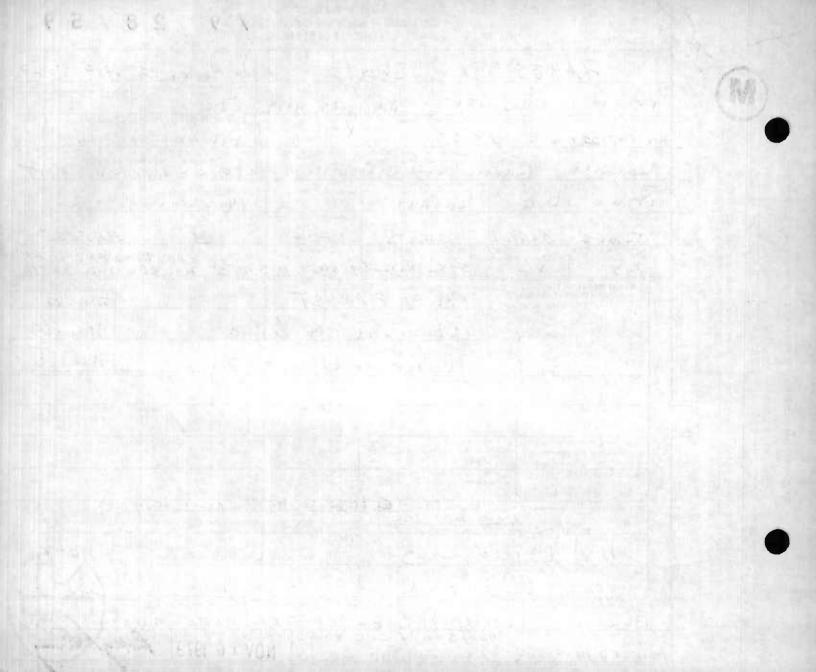


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4 (4	GO TOWN OF DEA	ATH IL		PITAL, NURSING HO		ER INSTITUTION	120. USUAL OCCU	PATION (TYPE OF WO	ORK 12b. KINI OR I OR I	D OF BUSINESS INDUSTRY
		RESIDENCE (IF VINU	RSING HOME OR OTH	ER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI	SION)	Jan (1)			SI MINO	.10 -
5 130	a. ST.	Md.	Pr. Geo	•	Mt.Rain	ier	13d. INSIDE CITY LIMITS? YES X NO	3211-	erry St	t.	
14	FA1	HER'S NAME	MID	DOLE	LAST		15. MOTHER'S MAIL	DEN NAME	AIDDLE	L/	AST
2		Willia			Neeper		Lell		V	Weeks	
1 160	(YES		IN U.S. ARMED I	FORCES?	16b. SOCIAL SECUR		17 INFORMANT	т	ADDRESS		46-Main
	_	0	-		\$78-03-7			Lombard:			.,Upper
		8 CAUSE OF DEAT PART I DEATH W	H (Enter only one	e cause per line	for (a), (b), and (c).)	120	8. 1	ascelot a	Marlb	orpat	MATE INTERVAL
		11364	IMMEDIATE CA				Carret V	oscillat i	resease		
		Canditions, if	any, which	DUE TO, OK	AS A CONSEQUENC	E OF					
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5 3	3	90. DATE OF OPERA	TION	19b. CONDI	ION FOR WHICH OP	ERATION W	AS PERFORMED?			20. AU	JTOPSY?
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3 8		No EXTERNAL CAU		21b. TIME OF HOUR A.M	MONTH DAY YE	AR 21c. Ho	OW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	OR PART 2)	
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	1	22a. I certify that	I taak charge of t	the remains des	cribed abave, held an	Autap	sy . Inspecti	an Inquiry	and in m	ny apinian	FIZELLE
		death resulted from				uicide	, Hamicide	Undetermined m			
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		tombment VERAL DIRECTOR	t 11.	-9-79	Ft. Li	ncolr	Mausole 1250 DATE	um Brent		Pr. Geo	
		ley's F	.H.Inc	· Mess	Rainier	, Md		NOV 1 3 19	79	try 100	Blready
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) MES 4 RACE 3 SEX MONTH YEAR DAYS Male 25 190 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED W NEVER MARRIED COUNTRY HORSEHEADS, 71. 4 PRINCE Georges DIVORCED [126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) BELTSUITE HOSPITAL CHIEF IM AINTENSE U.S DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 113b COUNTY 13e STREET, ADDRESS 13d INSIDE CITY LIMITS? 6 2 SIVA 40 2) Duspul 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE BREESE 4DA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 8406 LINDENDALE DRITE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) -24-8628 85 N. SHOOTS LAKREL mp, 208/0 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for 10, 16, and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) enlille Canditians, if any, which gave rise to immediate cause ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last my cardie TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Trail PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [NO [nd Mental Hygi 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION à 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an Movember 12 1979 abave, (1) (we) (did) (did not) view the bady after death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHISICIAN'S NAME TYPE OF PRINT 22ª ADDRESS shoul with 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCKTION 23b. DATE CUBA CEMETERY ALLEGHAN 250. D'ATE REC'D. BY REGISTRAR 25b. REGIS DHMH - 16 60M 1/75 (VR A 15 (4)) YOWARD M FLECK



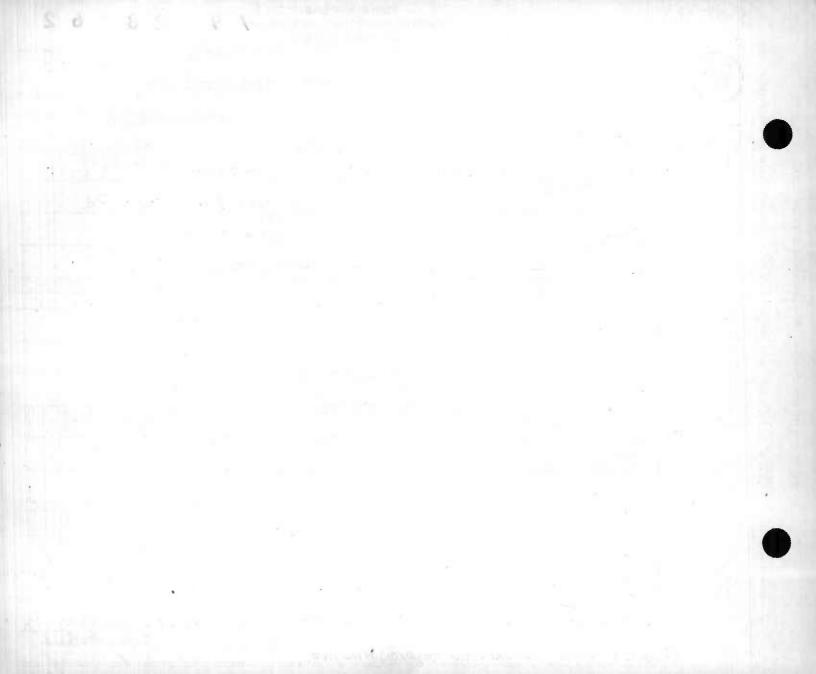
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME O DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED DATE PRONOUNCED DEAD To BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEA MARRIED THEYER MARRIED U.S.A. II. CITY OR TOWN OF DEATH I HAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Supervisor aural Hospital Laural Instrument Co. 13d. INSIDE CITY LIMITS? 13a. STATE Balto. 803 E. Belvedere Md. YES A NO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Shuford William Mae Goodman 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT YES NO, OR UNKNOWN) Mildred M. Shuford. Same 18 CAUSE OF DEATH (Enter only one cause per fine for (a) (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 20. AUTOPSY? YES [] HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Suicide ___ Homicide __ Undetermined manner death resulted fram: TITLE (SPECIFY) Deputy PAGE 4 SHOU TO FUNERAL I MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 5009 Rayburn Ct., Camp Springs, Md. 20031 guez.M.D. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION, REMOVAL 236, DATE Balto. Balto. Md. 11-23-79 Burial Moreland 250, DATE REC'D, BY REGISTRAR SISTRARY IGNOTURE 24. FUNERAL DIRECTOR **DHMH - 17** Leonard J. Ruck, Inc., 5305 Harford Rd. NOV VR A15 ME (5)) 15M7/76

STATE OF MARYLAND

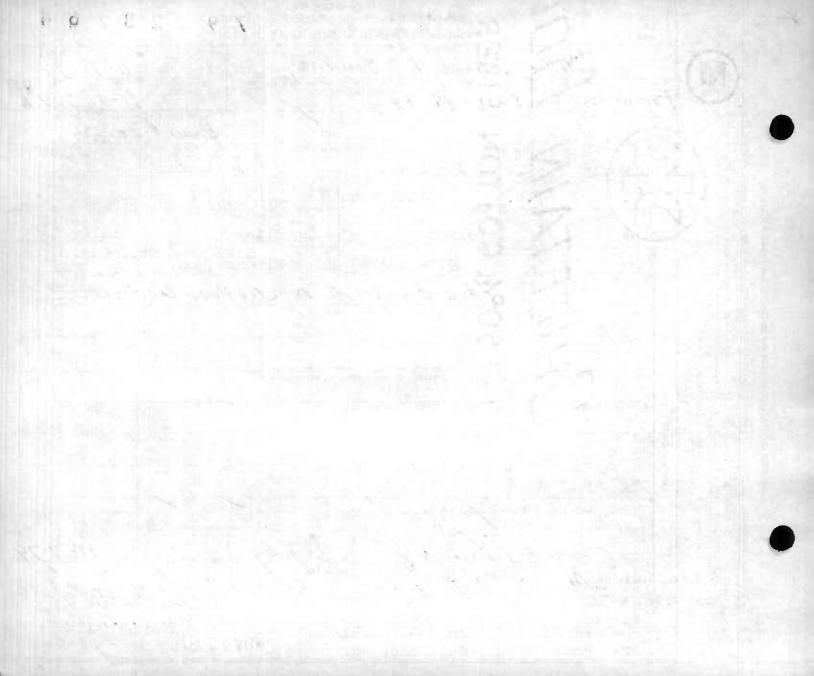
THE STATE OF THE STATE OF imak a pero to (2) il horiste The first the many the state of THE THE PERSON OF THE PERSON O the milesty man and the state of the state o Balton Balton Leonard J. Suds. Linc. . 5305 Sactord Ed. Nov. of 1979 Annual

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN [(TYPE OR PRINT) James Simms DEATH MATED 4. RACE 3 SEX DATE OF BIRTH & AGE IN YEARS IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 1:36 male black Aug. 8, 1946 3 785 19 IN BIRTHPLACE ISTATE OR 7b. CITIZEN OF WHAT COUNTRYS BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Wash. D.C. TISA DIVORCEDXX WIDOWED PXX Prince George County
126. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY Cheverly Printing Compositor Prince George General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS Largo 13d. INSIDE CITY LIMITS? Maryland 10129 Prince Place 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME James P. Simms LAST LAST AND Evelyn I. Jenkins OF 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 4169 Sands Noad-Harwood, Md. 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 578 58 3225 no Francis S. Myles-cousin Rev. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). TAL HYGIENE, PART I DEATH WAS CAUSED BY Asphyxia from ligature strangulation of neck DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which AND MENTAL HON, OR REMOV gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES XX NO 3 SHOULD BE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR 0 MEDICAL found strangled P.M. 11/2 CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (ATHOME, 21f. LOCATIONapt:304 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK 10129PrincePlace, Largo, PrinceGeo Co., 21201 home TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNEAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21 Autopsy XX 220. I certify that I took charge of the remains described above, held on Inspection Inquiry Hamicide XX death resulted from: Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant DATE 11/7/79 SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. EXAMINER'S NAME 111 Penn Street, Balto.MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION (SPECIFY) Lincoln Memorial Burial Suitland, Maryland Cemetery 24. FUNERAL DIRECTO **DHMH-17** (VR A15 ME (5)) Benning Road, NELO Funeral Home 4001 30M 7/73

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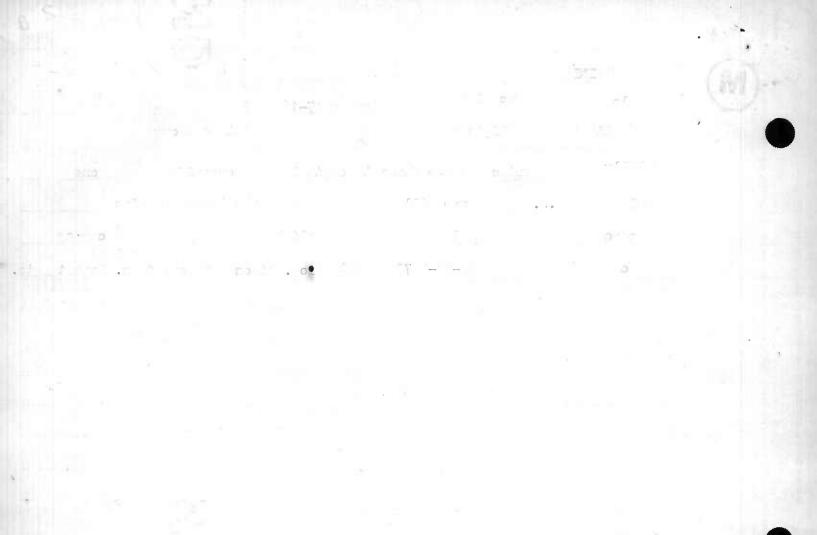
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STATE OF MARYLAND FOR STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

79-28765

V	1. DE	CEASED NAME	FIRST	,	MIDDLE		LAST	20 DATE OF DEAT	H MONTH	DAY	YEAR	2h. HOL	JR .
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ソ	3. SE	Femal.	C	RACE Caucas	ian	MONT	of Birth tember 17-16	6 AGE (IN YEARS LAS	T BIRTHDAY) YRS	MONTHS	DAYS	# UNDER	24 HRS MIN.
97		RTHPLACE (STATE ORFO	oines 7b	CHIZEN OF Philip	what country?	1	D. NEVER MARRIED	BALTIMORE CI	Y OR COUN	TY OF D	ATH		
notif		ty or town of DEA heverly	- 4	(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME (or other institution al Hospital	120 USUAL OCCU (TYPE OF WORK FOR MY Houses	OST OF WORKING	LIFE) 12b	KIND O DUSTRY Non		ESS O
and the	13a S	AL RESIDENCE (# NURS TATE [aryland	13b. COUNTY P.G.	ER INSTITUTION,	GIVE RESIDENCE BEFORE 131. CITYOR TOWN Oxon Hi	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRE	SS	rive			
examine Color	14 FA	THER'S NAME Pedro	MIDO	DLE	Palagana	as	15 MOTHER'S MAIDEN NAME FREST FELIPH	ME	LE	M	las lacar		
nedical		VAS DECEASED EVER ES, NO OR UNKNOWN) NO	IN U.S. ARME (IF YES, GIVE WA		166 SOCIAL SECU 578-96-16		Desider top. S			aryl		ogt.	TI or
injury, ar ather traumatic	NOI	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	nediate g the lost	(c)	7	NCE OF	Athers solvent				PART 1(c))	
A Sun and	CERTIFICATION	19a DATE OF OPERA	NOI	7-0		OPERATION WAS PERFORMED		YES NO Y		YES, WERE FINDINGS USED TIFYING CAUSES OF DEAT YES \(\) NO \(\)		TH?	
h and Mental hygirked or hem 18 s	MEDICAL CERT	210, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC 216, INJURY OCCUR! WHILE NOT W AT WORK AT WO	CAUSE OF DEATH AL EXAMINER) RED	P.I	M. MONTH DA	19	216 HOW INJURY OCCURR 216 LOCATION STREET		INJURY IN ITEM 18		PART 2)	\$1	TATE
If hem 21 is mo		22a.1 certify that (1) sow the decease obove, (1) (we) (s 22b. SIGNATURE		. 1 / 12 /	ofter death.		nd that in (my) (our) apinion of DEGREE	MEDICAL	STAFF		rom the o		we) lo
IMPORTANT	230 5	224 PHYSICIAN'S NO.	/ T.	QUIA	NIBAO		224. ADDRESS 52 TAL BEA	DIRECTOR PH		BILL	ind	100	21
_	(Buria		11-28-	1979 Re	esurr	ection Cemeter	y colly	1999	G. GOUNT			ATE
6 20M 4) 7/78	24. FI	INERAL DIRECTOR 6160	Oxon H	r. Kal	as Funera	al Ho	me 250 DATE NO	REC'D. BY REGIST			SIGNAT		,



ALC HE MEN IT IS SET AND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-28766

1	FOR STATE REGISTRAR			F HEALTH AND MENTAL HY	OILINE 7 7	20100
	DECEASED NAME BLANCH		SNOWDEN	LAST	20. DATE OF DEATH MONTH	8:45PM
3. 5	Female	4 RACE Black		ept, 14, 1891	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.	A. WIDO	RIED NEVER MARRIED WED DIVORCED		RGES COUNTY MD.
	CHEVERLY MD	PRINCE	FACGEO STHOSP	& MED CTR	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK DOM estic	
M 130	STATE aryland Pri	nce Ge	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR JOWN HYALLSVI.	13d. INSIDE CITY LIMITS?		t, Hyattsville
	George Matthe		LAST	Amy Johns	on Matt	
160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IEYES, GIVI NONE NONE	WAR OR DATES)	Unknown		thews(Bro) 5	N.E.D.C. 06 Edgewood St
	18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA	lly one couse per D BY TE CAUSE (0)	line for (a), (b), and (c). Metalestic	Acedoria		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	DUE TO, OF	as a consequence of	1/ 1 1	, lage	
	couse (a), stating the underlying couse lost.	DUE TO, OF	AS A CONSEQUENCE OF	ic Pyelnet	writing and &	D'abeles
NOIL		is Mel	litis.		MINAL DISEASE OR CONDITION	
CERTIFICATION	190. DATE OF OPERATION		TION FOR WHICH OPERAT		YES NO X	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
MEDICAL CE	CO CONTRACTOR CALLER OF DE	HOUR A.A	M. MONTH DAY YEA	AR 9	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE ((AT HOME, STRI	EET, FACTORY, OFFICE, FARM, ETC.	y	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) (this haspi saw the deceased alive an above \((1) (we) (did) (did no		10/24/1999		death accurred on the date and	that (I) (we) lost d hour and from the causes stated
	226. SIGNATURE	S-h-d	5		MEDICAL STAFF DIRECTOR PHYSICIAN	10/26/79
	JASWINDER	S. SID	HU	4700 AUTH	PL #200 CAMP SF	PRINGS MD 20031
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	10/30,	779 Maryl	r CEMETERY OR CREMATORY and National		g, Maryland Art
24.	FUNERAL DIRECTOR Mod 3821-14th S	ern Funt, N.W	neral Mash, D.C		TE REC'D BY PEGISTRAR 256 P	CONTRAINS SIONATURE

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STATE OF MARYLAND

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			REGISTRAR CEASED NAME	FIRST		MIDDLE	CERTIF	ICATE OF DEATH	REG. NO		AY YEAR	6
e f	(AR		OR PRINT)		liam	r		Souder	Novembe	0	1979	26 HOUR
ge 4 moy	ש	3 SE	×	1	4 RACE Whit	e	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY)	FUNDER TYEAR	HOURS M
eath. Pag	72 hou		RTHPLACE (STATE ORFO		76 CITIZENO USA	F WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY O	R COUNTY	OF DEATH	
s ofter d	iled with	10. C	Laurel		(IF NOT IN S	UCH FACILITY GIVE STREET	IG HOME C	or other institution	Prince Coor 126. USUAL OCCUPATI (TYPE OF WORK FOR MOST O signalman	ORI -	126. KIND O	road
124 hour	apple 35		AL RESIDENCE (# NURS STATE Md		OTHER INSTITUTION		E AOMISSION)	13d. INSIDE CITY LIMITS? YES NOVA	13e STREET ADDRESS 91,60 Od Sca	ggsvi	lle Roa	ıd
uted within	ond 2 sh	14. FA	THER'S NAME FIRST Edga		H. Souder			15 MOTHER'S MAIDEN NAME FIRST Maj	ry A MIODLE	Cook	LAST	ı
se execut	Poges 1	16a. \	VAS DECEASED EVER		MED FORCES E WAR OR DATES)		91,88	Norma Souder	ADDRE r same as al			
ow requires that the death	mir. Then please remove or prior to buriol, cremotion, ony injury, or other troum	CERTIFICATION	Conditions, if any, gove rise to imm couse (a), statin underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA	nediate g the last.	DUE TO, (c)_ CONDITIONS		ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES,	WERE FINDIN	IGS USED
SICIAN: The long physicion.	Hygur 118 sho		21g. ACCIDENT WAS UNE			OF INJURY A.M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURE	YES NO	YES		NO 🗌
IG PHYSIC ottending	olth and Mental	MEDICAL	(IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURF WHILE NOT WE AT WORK AT WO	RED	21e PLAC	P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
O HOSPITAL OR ATTENDIN tained by the hospital or of	uld be detached for us the State Dept. of He ORTANT: If Item 21 is		22a I certify that (I) sow the decease above. (I) well (c 22b. SIGNATURE 22d. PHYSICIAN'S NA	(this hospi		dy alter death.	79 ,01	nd that in (my) (dur) opinion of the physician [1] 220 ADDRESS 321 Puny	death occurred on the do	ete and hour	ond from the control of the second from the control of the second from the control of the second from the seco	signed
BP		7	BURIAL, CREMATION,	REMOVAL	236 RATE	5,1979 236.1	VAME OF, C	EMETERY OR CREMATORY Cemetery	23d LOCATION CITY OR TOWN Scaggsv	ille,		
DHMH - 16 5 (VR A 15		24. F	UNERAL DIRECTOR	117/2	HC.	N Govern	M.V	25a. DAT	MCV 184 REGISTAG	25b. REGION	Marie Ma	Bered

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	STATE REGISTRAR	25.75	PLI AKIM	CERTIF	ICATE OF DEATH	RI	EG. NO.	0 /	0 7	
		CEASED NAME FIRST OR PRINT)	1	WIDDLE	L	AST	20. DATE OF DEA	ATH MONTH DA	AY YEAR	26 HOUR	
ı		SOPHIA	S		STAN			11-05-		2.3	
8	3. SEX		4 RACE		5 DATE C		6. AGE (IN YEARS L		IF UNDER I YEAR	IF UNDER 24	4 HRS
		emale	whit		Oct	28, 1897	82	YRS.			
,		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE C	ITY OR COUNTY	OF DEATH		
		llinois	US		WIDOWE			GEORGE'S			MD.
1	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET A	DDRESS]	OR OTHER INSTITUTION		UPATION WOST OF WORKING LIFE	INDUSTRY	OF BUSINES	
		HEVERLY AL RESIDENCE (IF NURSING HOME OF				RAL HOSPITAL	Clerk		US	Govit	t.
5	13a. S	Md Pro	Georges	College	1			RESS Rhode Isla	and av	enue	
0	10	THER'S NAME Christ S		LAST			ne Egbers		LAS	ST	
		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166 SOCIAL SECUR		17 INFORMANT		ADDRESS			
		no	15 5	329 16 2	064	Maynard L	Owens	Adelphi			
		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA' Conditions, if ony, which gove rise to immediate cause tal, stating the underlying cause last.	DUE TO, O	AOVUT RAS A CONSEQUE	CE OF LOWER	R LOBE PNEUMO	NIA	Synorome		ONSET AND DE	<u>p.</u>
-	CERTIFICATION	PART 2. OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO D	EATH BUT		200 AUTOPSY	? 20b IF YES,	, WERE FINDING CAUSES	NGS USED	1?
	RTIF						YES NO			NO 🗌	
7		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE.	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN ITEM 18, PA	RT 1 OR PART 2]		
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	RM, ETC.)	211 LOCATION STREET	СЩА	ORTOWN	COUNTY	STAT	TE.
		270.1 certify that (I) (this haspital) attended the deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.									
-		22d. PHYSICIAN'S NAME LIVE C	OR PRINT)			22e. ADDRESS	DIRECTOR	TT SICIAIN []		0 //	
		Barry H Eps				6201 Greenb	elt Rd, C	ollege Pa	ark, Mo	đ	
	230. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	7	COUNTY	STATE	E
		Buria	Nov 9	, 1979 E	lm La	wn Memorial	Pk Elmhe	rst DuPa	age Il	linoi	s
	24 FL	JNERAL DIRECTOR		ADDRESS		.25a. DA	TE REC'D. BY REGIS	TRAR 256. III	BRESSERIE	PUREA	1
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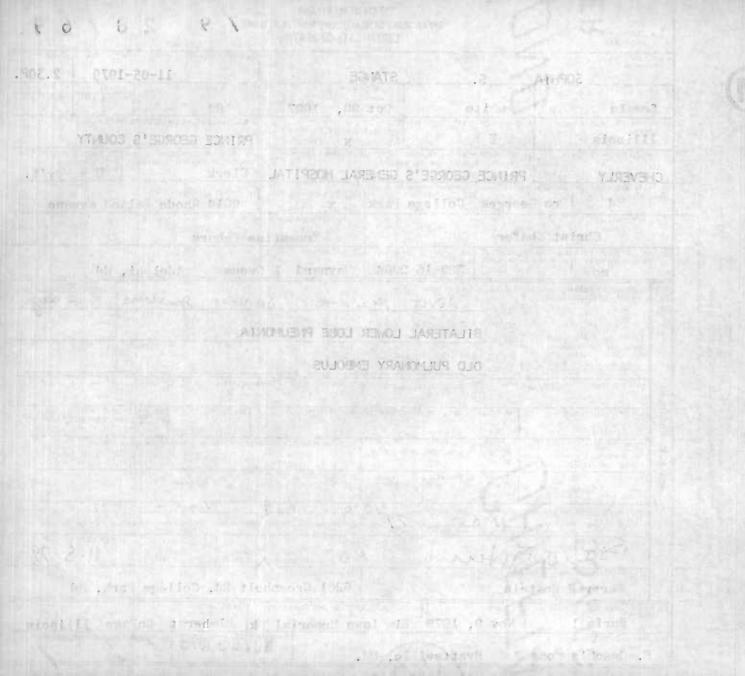
Hyattsville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbonapapers. Pages I and 2 should be filled within 72 it with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MAPORIANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical braminer must be notified at once

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR
F. Gasch's Sons P A



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2e. DATE KNOWN 2b. HOUR (TYPE OR PRINT) OF arrien DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS ! IF UNDER IF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED DEAD YRS Ta. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Delaware Dever, USA WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR O 12b. KIND OF BUSINESS Stof working Life) OR INDUSTRY
Display Manager Wash.Gas Ret. Co. ISUAL RESIDENCE FOR A JASING HOME OF OTHER INSTITUTION, GIVE RESID P.G. 13. STREET ADDRESS 4117 56th Ave No STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Bladensburg YES K NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST Heward W. Stanley Augusta Unknown DIVISION OF 17. INFORMANT Upper Marlbergend. 20870 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 7-07-7448 No Paul C. Stanley-son 12000 Blaketon St. None CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. who Cardes Vas culey HYGIENE IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL BURIAL-TRANSIT Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. AND CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) HEALTH CERTIFICATION USED 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? 9 DEPARTMENT OF YES NO [8E 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OTO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION LAT HOME. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.1 CITY OF TOWN STATE COUNTY STATE TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22e. I certify that I took charge of the remains described above, held an Inspection ond in my opinion death resulted fram Notural causes Accident Undetermined manner MEDICAL EXAMINER TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cremation Washington, D.C. 11-15-79 Lee's Crematery CD BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-17 20M 1/73 24. FUNERAL DIRECTOR (VR A15 ME (5)) Funeral Home 300-4th St. N.E. Wash. D.C. 2002

STATE OF MARYLAND

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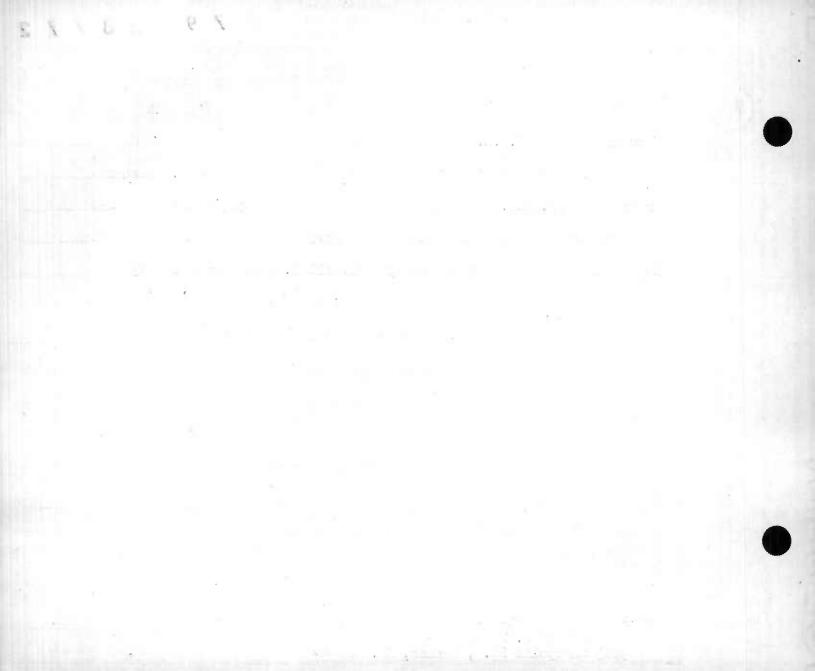
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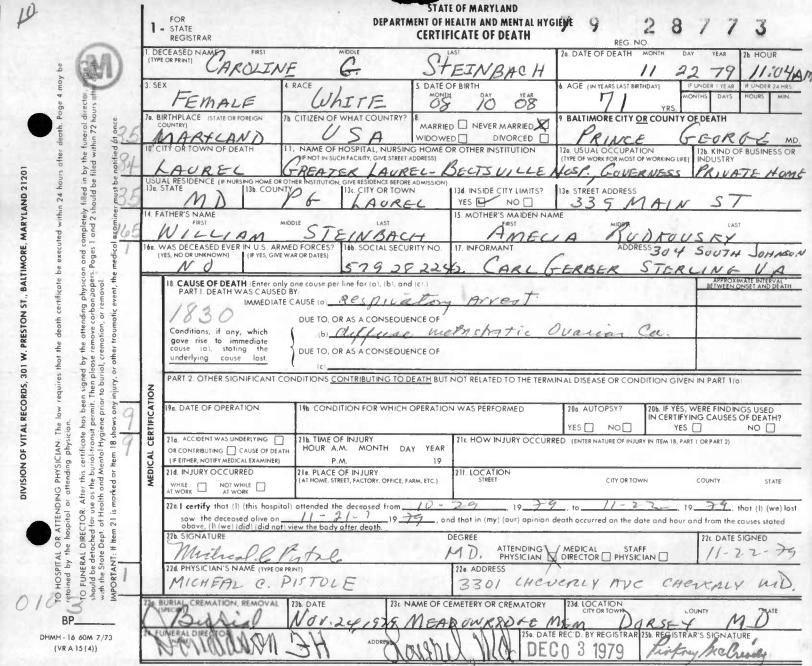
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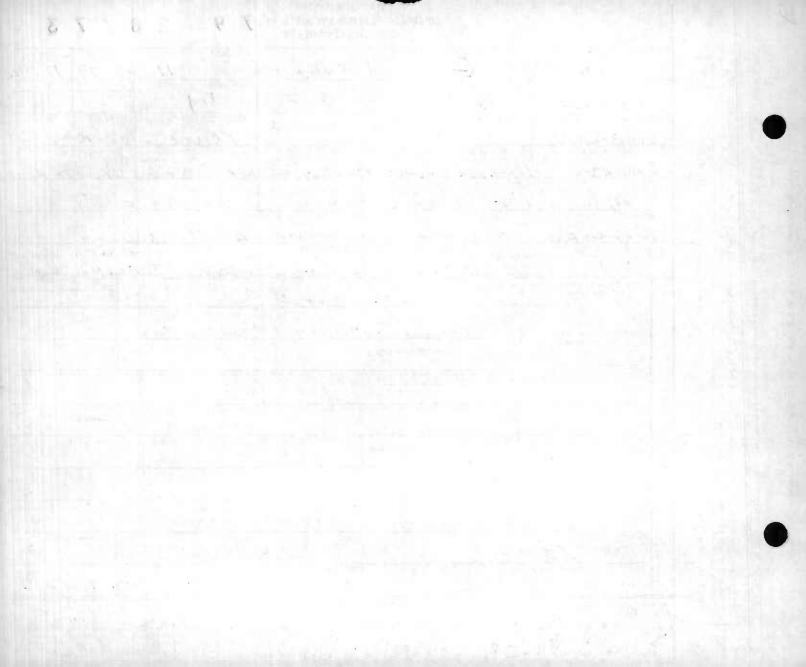
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND







DEPARTMENT OF HEALTH AND MENTAL HYGIENE-- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED 6. AGE (IN YEARS IF UNDER TYR. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 0 DEAD Ta. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? LALTIMORE CITY OR COUNTY OF DEAT MARRIED FLIVEVER MARRIED FOREIGN COUNTRY) DIVORCED Pennsylvania U.S.A. WIDOWED FILED, B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 3. RETAIN PA Cheverly Prince Georges General Hosp. Printer-Harlow Co. ORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Geo Bowie NO [12909 Cheswood Lane FORM PM 3. ES 1 AND 2 SH ON OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST MIDDLE William Stephenson. Virginia Dutra 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO 7. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 200-22-0637 Yes WWII Joyce Stephenson Same as # 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). RETWEEN CONSET AND DEATH two ander wander PART I DEATH WAS CAUSED BY MENTAL HYGIENE, IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Canditians, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CREMAT CERTIFICATION USED 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? Ö OBURIAL 3 SHOULD BE DEPARTMENT O YES NO T 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 PRIOR 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WORLE PAGE 4 SHOULD BE FORWARDEI
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 PRI STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from: Notural causes Accident Hamicide Undetermined manner LE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11-6-79 Crown Crest Cemetery Burial earfield Penn DHMH-17 20M 1/73 24. FUNERAL DIRECTOR Robert G. Reall Funeral Home (VR AT5 ME (5)) 9013 Annapolis Rd. Lanham, Md. Marce

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 70 DATE OF DEATH MONTH TYPE OR PRINTS Strie Kland Sr. 4041S 4 RACE SEX & AGE (IN YEARS LAST BIRTHOAY) DATS 82 JULY 28.1897 WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? PRINCE GEORGES SOUTH CAROLINA DIVORCED [ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET AGORESS! INDUSTRY ORCHESTRA LEADER CARROLL MANOR NURSING HOME HYATTSVILLE 136 COUNTY 19056 MONTGOMERY VILLAGE AVENU 13d INSIDE CITY LIMITS? MONTGOMERY GAITHERSBURG MARYLAND YES X 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDOLE TREVETTE MAMIE STRICKLAND ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) LOUIS W. STRICKLAND, JR. SAME AS SON 579=07=7055 NO 18 CAUSE OF DEATH Enter only one cause per line for (a , b , and c PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 71f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this to spring) attended the deceased from sow the deceased alive on NOV 20 above, (I) (we) (did) (charact) view the body after death and that in (my) (am) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c, DATE SIGNED ATTENDING MEDICAL M. O - PHYSICIAN DIRECTOR PHYSICIAN TO FUNERAL should be def with the State 22d. PHYSICIAN MAME (TYPE OR PRINTE 916=19TH ST., N.W., WASHINGTON, D.C. MPORT JAMES J. FOSTER 230 NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION BURIAL 11/27/79 MD. MONT SILVER SPRING BP 21 FUNERAL DIRECTOR FRANCIS. J., STEVENSSPRING, MD. DHMH - 16 60M 1/75 (VRA 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN 26 HOUR LTYPE OR PRINTI OF ESTI-Gertruole 6. AGE (IN YEARS IF UNDER 1 YR DATE PRONOUNCED DEAD 7g. BIRTHPLACE (STATE OR MAR IMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. WIDOWED X DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OF OTHER INSTITUTION U.S. Governe Admistrative Asst. Prince Geo. 13c. CITY OR TOWN 134. HISTOLOTY DWITS? 13. STREET ADDRESS Trexler Road Maryland Lanham YES DO NO. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST George Smith si FORM PM FORM PM FORM PM FS I AND Elizabeth Thour 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. **ADDRESS** DIVISION [YES, NO, OF UNKNOWN) (IF YES GIVE WAR OR DATES) 579 20 1772 Dorothy Tracy Same as #13 18. CAUSE OF DEATH (Enter only one cause por line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Cuidu Vascul des IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 16 CERTIFICATION USED 20. AUTOPSY? 6 BURIAL YES [NO E FORWARDED TO THE C DR: PAGE 3 SHOULD BE HE STATE DEPARTMENT C 21a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21ce YOW INJURY OCCURRED IS ER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY UNDERLYING 0 CONTRIBUTING CAUSE OF DEATH 21201 PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY THE LOCATION AT WORK AT WORK STREET CITY OR TOWN STATE mue EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P. TO FUNERAL DIRECTOR: P. AFFEN DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian death resulted fram: Natural causes Accident Hamicide ____ Suicide Undetermined manner TULE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 11/5/79 Prospect Hill Cemetery Washington D.C. DHMH-17 20M 1/73 14. FUNERAL DIRECTOR Francis Gasch's 250 DATE RECO BY REGISTED 350 REGISTED SIGNATURE ons Funeral Home (VR A15 ME (5)) Hyattsville, Maryland

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		CEASED NAME FRST	PH M.	SWANN	20 DATE OF DEATH MONTH	14 79 L2:51A
Ä	3. SE	Male	RACE Black	5. DATE OF BIRTH 12"H 15"AY 35"	6 AGE (IN YEARS LAST BIRTHDAY) 43	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MIN
35	7n. 81	RTHPLACE ISTATE OR FOREIGN SUNTRY) Maryland	78 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIE	BALTIMORE CITY OR COL	INTY OF DEATH
offied 22		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Southern Maryla	ING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERTY	DN 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) FOLEYS FOR P	12h KIND OF BUSINESS
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л 21 із то		sow the deceased alive	on 19 yiew the body of execution.	74	ppinion death occurred on the date and	hour and from the causes stated
TANT: If then	-	226 SIGNATURE	a N Robe	DEGREE ATTENE		221. DATE SIGNED 11.14-7
MPORTANI		David Robb, 1		9401 Ind	ianHead Hwy, Oxon	H111, Md.
ξ	23a B	URIAL, CREMATION, REMOV	'AL 23b. DATE 23c	NAME OF CEMETERY OF CREME	TORY 23d. LOCATION	COUNTY STATE
20M	24 FL	INERAL DIRECTOR LINES	FUNERAL HOME			DISTRARY SIGNATURE

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ROLLING FUNERAL HOME, INC.
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mpletely filled in by the funeral direc and 2 should be filed within 72 hours

FOR - STATE

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76 CITIZEN

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REGISTRAR I DECEASED NAME (TYPE OR PRINT)

FEMALE

70 BIRTHPLACE (STATE OR FOREIGN

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DEPARTA	STATE OF M MENT OF HEALTH CERTIFICATE	AND MENTAL HYG	REG. NO.	2 0
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M	THOR.	D	//	24.79 620 PM
1CASION	5. DATE OF BIRTH	OAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 88 YRS.	IF UNDER 1 YEAR IF UNUER 24 HRS MONTHS DAYS HOURS MIN.
OF WHAT COUNTRY?	MARRIED N	EVER MARRIED	PRINCE GEORGE	
OF HOSPITAL, NURSIN IN SUCH FACILITY, GIVE STREET. MEM			12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
13c. CITY OR TOW Lanham		SIDE CITY LIMITS?	13e. STREET ADDRESS 7315 - Lois	Lane
Cunning		THER'S MAIDEN NA	ME	Millard
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e per line for (0), (b), and		arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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00	I4 FA	THER'S NAME FIRST Howard	WIDOLE	Cunningham	VInne	ME	Millard
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The second		22a. I certify that (I) (Normal Sow the deceased all above, (I) (see) (did to (22b. SIGNATURE	ve on 11/2	ofter death.	DEGREE	to, to, 11	9.79 , that (I) (world and from the couses stated 22c. DATE SIGNED
		22d. PHYSICIAN'S NAME	TYPE OR PRINT!		ATTENDING PHYSICIAN [1]	MEDICAL STAFF	11/25/79

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

24 FUNERAL DIRECTOR
Nalley's F.H.Inc.

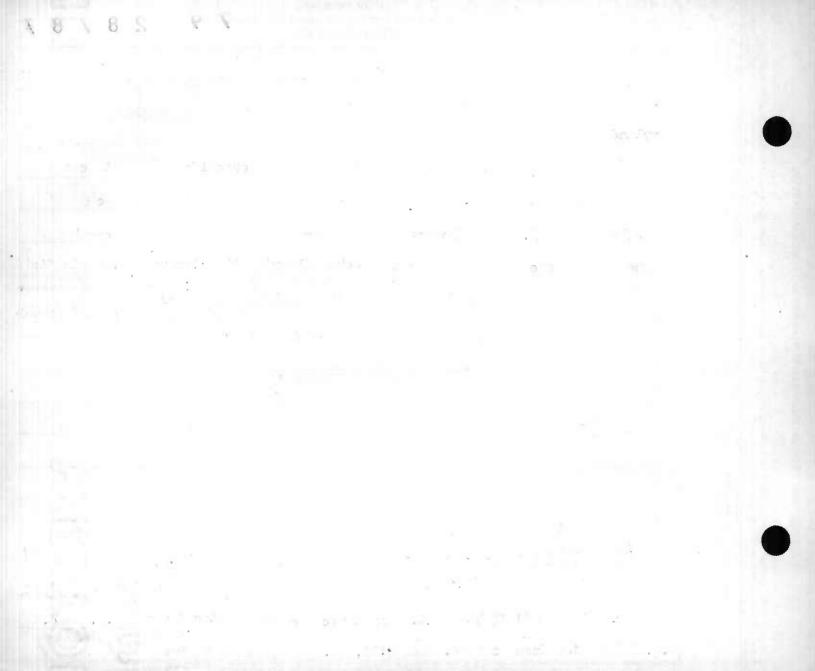
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BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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	(O HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4 mr elained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, against an expensional bedetached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hair after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	s tho	ed by pleos riol,
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	ATTE	d for
	TO HOSPITAL OR ATTENDING PHYSICIAN: The lifetined by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the buriot-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior ta burial, cremotion, or removal.
	by t	e det Stote
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medical examiner must be notified at once

IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, or other traumatic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIFIC	ATE OF DE	ATH	REG. NO.			0 0
	1. DECEASED NAME (TYPE OR PRINT) DO:	nald	Edward T	rautma	n		November		1979	10:15p _M
	3. SEX MALE	4 RACE	ITE	5. DATE OF E	26, 1		6. AGE (IN YEARS LAST BIRTHDA	YRS.	THS DAYS	IF UNDER 24 HRS HOURS MIN.
18	70. BIRTHPLACE ISTATE OR FOR SOUTH Dakota	TEIGN 76 CITIZEN	S.A.	MARRIED E	NEVER MA	RRIED	9. BALTIMORE CITY <u>OR</u> C			MD.
13	Riverdale		E OF HOSPITAL, NURSIN INSUCHFACILITY GIVESTREET. AND MEMOTIA			NOITU	12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR WOR	Polic	126. KIND Q INDUSTRUM E Gov	s BUSINESS OR erment
5	USUAL RESIDENCE (IF NURSI 480. STATE Maryland	13b COUNTY	130 CITY OR TOW Hyattsvi	ile 13		10 🗆	13e. STREET ADDRESS 6116 42nd	Place		
4	14. FATHER'S NAME UNKNOWN	WIDDLE	Trautiman	15	MOTHER'S A	known	WIDDLE		LAS	T
1	160 WAS DECEASED EVER	U.S. ARMED FORCE	re.		informan		ADDRESS Crautman San	ne as	#13	
	PART I. DEATH W	AS CAUSED BY.	se per line for (o), (b), and		tion pr	neumon	ia		BETWEEN O	MATE INTERVAL DISET AND DEATH
	Conditions, if any, gove rise to imm couse (a), stating underlying couse	which (pediate g the DUE T	TO, OR AS A CONSEQUE (b) Chr. obstr TO, OR AS A CONSEQUE	nce of	-		8 1		IInkno	
	PART 2. OTHER SIGN		BUT THE STATE OF T				NAL DISEASE OR CONDIT			3
2	190 DATE OF OPERAT	ION 196 C	ONDITION FOR WHICH				28a AUTOPSY? 2	Ob. IF YES, W	ERE FINDING CAUSES	OF DEATH?
9		AUSE OF DEATH HOU	IME OF INJURY JR A.M. MONTH DA P.M.		Te. HOW INJU	IRY OCCURRI	ED (ENTER NATURE OF INJURY IN	ITEM 18, PART	OR PART 2)	
	(IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURR WHILE NOT WH	(AT HO	LACE OF INJURY OME, STREET, FACTORY, OFFICE, F		If LOCATION STREET		CITY OR TOWN		COUNTY	STATE

22a.1 certify that (1) (this haspital) attended the deceased from 11 226. SIGNATURE

DEGREE

19 79

unun

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 1979 4 Nov.

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Carl J. Houmann, M.D.

22e ADDRESS

19 67

4404 Queensbury Rd., Riverdale, Md. 20840

to 4 November

and that in (my) (aur) opinion deoth accurred on the date and from the causes stated

230. BURIAL, CREMATION, REMOVAL 24 FUNERAL DIRECTOR rancis Gasch's Sons Funeral Home, P. P. PARALE RECORDS

FOR

23b. DATE 11/7/79

Hyattsville, Maryland

23¢ NAME OF CEMETERY OR CREMATORY

September

23d. LOCATION Suitland

Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

BP

Cedar Hill Cemetery

REGTERRAR 256. PEGASPARIS CONTROL

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5	1-	FOR STATE REGISTRAR			TH AND MENTAL HYGIEN CERTIFICATE OF DE	ATH REG. NO.	189
A A A A A A		CEASED NAME Bert	ha	TURANO	LAST	20. DATE KNOWN MONTH OF ESTI- DEATH MATED 1	26 19 79 M
A Second	3. S5	male While	5. DATE OF BIRTH	95 84 YRS.	UNDER 1 YR. IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	PRONOUNCED DEAD 11-2	6 19 79 DM
WHEN S FOR	FC	IRTHPLACE (STATE OR DREIGN COUNTRY) WYORK WYORK	U.S.A.	WIDO	RRIED NEVER MARRIED DWED DIVORCED	Prime (70 N	993 MD.
S 2 7 7 4	Tr.	Lever Ley	Mile &	SPHAL, NURSING HOME, OR O' CILITY, GIVE STREET ADDRESS) LO 1990 TLANGE	1/1/2 1/10X 1 FOR	UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE) DUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY
AND 3	13a. S	Md. Pr.		IVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Landover Hill	S YES NO 149	REET ADDRESS 103 69th Pl.	
RE, MD. DEATH GES 1. 2 AND 2 AND 2		ATHER'S NAME FIRST George WAS DECEASED EVER IN U.S. ARA	WIDDLE	Mehrman Mehrman	15. MOTHER'S MAIDEN NAM FIRST Frances 17. INFORMANT	WIDDIE	Voellinger
HS AFTER DE GIVE PAGE GIVE PAGE WITH FORM PAGGES I A	()	(IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECURITY NO. 096-03-1800		ADDRESS 5822 Mentana St	
PRESTON ST., I VITHIN 24 HGU CIL IN ITEM 18. NER ALGNG V NER ALGNG V ANSIT PERMIT. ALL HYGIENE, D NOVAL		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	abelit arter AS A CONSEQUENCE OF	rs schootic Co	andro Vascul.	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH
M. PREST WITHIN MINER J TRANSIT SYTAL HY HEMOVAI		Conditions, if any, which gave rise to immediate cause (a) stating the <u>under-</u>	(b)	AS A CONSEQUENCE OF			
XECUTE G' IN P CAL EXA AND ME ON, OR I		Jying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISE	ASE DR CONDITION GIVEN IN PART 1 (a).		
AL RECORDS, OUID BE EME OUID BE OUID B	ATION	190. DATE OF OPERATION		TION FOR WHICH OPERATION			2D. AUTOPSY?
OF VITA ATE SHO THE CHI (ID BE US BURIAL)	CERTIFIC	210. EXTERNAL CAUSE WAS	21b. TIME OF	FINJURY 21c.	HOW INJURY OCCURRED (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR I	YES NO
DIVISION OF VIT CERTIFICATE SH WITHING THE WOR ROED TO THE CE PET SHOULD BE E DEFAMENT OF PRIOR TO BURIAN	MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF D	P.M. PLACE	١. 19	OCATION STREET	CITY OR TOWN C	DUNTY STATE
E, WIE E, WIE PAG STATI		WHILE NOT WHILE AT WORK AT WORK 220. I certify that I taak charg	e af the remains d	Cribed abave, held an Auto	apsy , Inspection ,	Inquiry , and in my o	
LI EXAMINER E CERTIFICA OULD BE FO LI DIRECTOR H, WITH THE MARYLAND		-1	al caures	Accident, Suicide	Hamicide Under	termined manner .	
SH TH		ACTUAL SIGNATURE CAME	A D. F	Panerus	MO FIGURE MED	DICAL EXAMINER SIGN	1011-11-14 1000-101-14
TO MEDI TO MEDI PAGE 4 PAGE 4 PAFE BE BALTIMO	23 ₀ .B	(TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2 SPECIFY)		23c. NAME OF CEMETERY	CITY	OCATION MED YOU	BNI3 / STATE
DHMH-17 20M 1/73 (VR A15 ME (5))	24. F	UNERAL DIRECTOR Robert	1-29-79 G. Beal	Ft. Lincoln Funeral Home Lanham, Md. 1/1/1		rentwood Pr. Geo YREGISTRAR 25b. REGISTRAR'S R 0 1979	
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	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG	IENY 9 28790
	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST	MIDOLE	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
	(SQUVU	lia wher	11 21 79 5:05 PM
3.	SEX	4. RACE 5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
L	F	N 9-22-1895	84 YRS.
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH
10	CITY OR TOWN OF DEATH	WIDOWED DIVORCED	126. USUAL OCCUPATION 126 KIND OF BUSINESS OR
	1 1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 120. KIND OF BUSINESS OR INDUSTRY
US	SUAL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS	KETINEU
£ 13	s. STATE 13b. COL	JUNTY 136. CITY OR TOWN 136 INSIDE CITY LIMITS?	13e. STREET ADDRESS 6207 Foote 5+
14.	FATHER'S NAME	15. MOTHER'S MAIDEN NAM	ME
100	Spencen for	MIDDLE LAST FIRST	B. FIPE. MIDDLE LAST
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS
	, /	574-38-3941 Helen Gunnd	en Spine Hs 135
	18 CAUSE OF DEATH (Enter of	only one couse per Jine forgia), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (0) WILLDRY MAN WEST	Sminch
	4140	DUE TO, ORYS A CONSIQUENCE OF	last diene manifest
	Conditions, if any, which gove rise to immediate	(P) LA MANNEN MALIORITATION	c new witcher min years
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1/a
Z		leve Luvusivliv accolent	THE DISEASE ON CONDITION OF EN IN FART HO.
2	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? / 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
4	-		YES NOW YES NO
	OR CONTRIBUTING TO CAUGE OF DE	LIGHT AND MONTH SAME WEAR	ED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M. 19	
A CHA		21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
014	AT WORK	The standard the following them 3/1 10 701	11/11 10/16 11/19/19/19
	sow the deceased alive a	proof) ottended the deceased from	deoth occurred on the date and hour and from the causes stated
	obove, (I) (we) (did) (did o	ot) view the body after death. DEGREE	224, DATE/SIGNED
1	Fredrick	Mema WIM/M My ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN
	22d PHYSICIAN'S NAME (TYPE		1 2 1 1 11 11
1	Frederich	Henry Wilhelm 15817 April	only Kind : Mathello Maying
23	BURIAL, CREMATION, REMOVA		23d LOCATION CHYOR TOWN COUNTY STATE
		11-4-79 HARMONY	Itighland PAALE MILL
24	FUNERAL DIRECTOR 49	25 Nanne Abores 3 Urneugus 250. D.	REC D/BY RECEITAR 256 REGISTRAR'S SIGNATURE
1/2	15. Wushing ton	Sons HVE N.E-	

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIEL ATE OF DEATH

79-287918

250		REGISTRAR			CEKITE	ICATE OF DEATH	REG. NO.		10
		CEASED NAME FIRST		WIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(Jeseph	dan C		WAIKER		11	22 79	51754
	3 SE		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	MUNDER 24 HRS
1	1	EMA/E	Wh	TITE	MONTH 9-	5-1887 YEAR	92 yr	MONTHS DAYS	HOURS MIN
1	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
17		Vash., D.C.	U.S.	A.	WIDOWE		Pr. Geo.		MD.
-		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
90	E	Hyattsville		oll Mano			Housewife	GLIFE) INDUSTRY	
	USU	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION				Housewile		
47	130 5	STATE 136 COU	NTY	Wash., D	1	13d. INSIDE CITY LIMITS?	3610 - S	So. Dako	to Arro
	14. FA	ATHER'S MAME				15 MOTHER'S MAIDEN NA		N.E.	ta Ave.
VI		William	MIDDLE	Cord		Adel1	J. MIDDLE A1	. (4:	ST
	Iáa V	WAS DECEASED EVER IN U.S. AF		16b SOCIAL SECUR	ITY NO	17 INFORMANT		mett	9
2	1)		E WAR OR DATES)				ADDRES 740	4 - Til	lden St.
~	No - 578-10-220					Hy. Md.			
	1	18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c),1 PART I, DEATH WAS CAUSED BY:							ONSET AND DEATH
	1	IMMEDIATE CAUSE 10 CONGESTIVE HETART FAILURE MONTHS							
	100	DUE TO, OR AS A CONSEQUENCE OF							
17		Conditions, if ony, which (16) ART. DC/ CAR REN UAS DISEASE YEARS							
		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
		underlying couse lost.	(6)	K AS A CONSCOUL	ACE OF			MA TANK	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101							
	CERTIFICATION								
0	CAT	190. DATE OF OPERATION	196.,COND	TION FOR WHICH O	PERATION	N WAS PERFORMED	20a. AUTOPSY? 20b. IF	YES, WERE FINDIN	NGS USED
7	TIE			4-14-		YES NO YES NO			
0	CER	210. ACCIDENT WAS UNDERLYING			1	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		140
9	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY			YEAR				
1	DIC	1 IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	21e, PLACE		19	21f LOCATION			
	MEDI	WHILE NOT WHILE		EET, FACTORY, OFFICE, FAR	RM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK				11/2 1 2 2			
		22a. I certify that (I) (this traspital) attended the decessed from 11/30, 19 78, to 11/22, 19 79, that (I) (the last							
		sow the deceased alive on 1974, and that in (my) (over) opinion death occurred on the date and hour and from the causes stated above, (1) (web) (and) (did not) view the body after death.							
		226. SIGNATURE DEGREE 221. DATE SIGNED							SIGNED
		Treefence a Defineder.				MO ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 11/22/19			
		226 PHYSICIAIN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS			
		FREDERICK	W. De.	HNETOET	e	201-8	STNE DO	22000	22
-	23a. 8	SURIAL, CREMATION, REMOVAL	1.05		WE OF CE	EMETERY OR CREMATORY	23d. LOCATION	OHATY	CYAFE
0.5	24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250. DATE REC'D. BY REGISTRAR 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR 250. DATE REC'D. BY REC'D. BY REGISTRAR 250. DATE REC'D. BY REC'D.								Md.
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BP______ DHMH - 16 60M 7/73 (VR A 15 (4))

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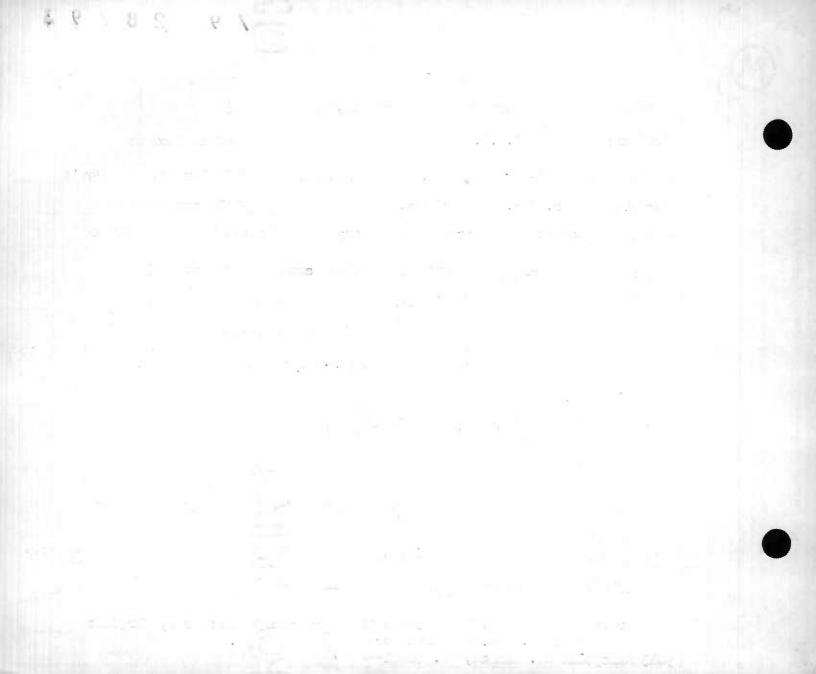
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		1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGIE	REG. NO.	2 8	7	9 3
Lina			EASED NAME	FIRST		MIDDLE		AST		20 DATE OF DEATH MO	NTH DAY	YEAR	2b. HOUR
AR			HERBI	ERT I	EVERETT	WARRE	N			November 3	1979		7:51a M
		3 SEX			RACE		S. DATE C			AGE JIN YEARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER 24 HRS
900			Male		Caucas	sian	Marc	h 10,1896	5"."	83	YRS	HS DATS	HOURS MIN
neral dir n 72 hau	Shonce.	CC	RTHPLACE (STATE OR FOR DUNTRY) W York	EIGN 1	U.S.	WHAT COUNTR	MARRIE WIDOWE	D NEVER MARI	RIED	BALTIMORE CITY OR C		DEATH	MD
1 p	Notified	_	iy or town of deat nham. Md.	DE DEATH 11. NAME OF HOS		H FACILITY, GIVE STE	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS! HOSP. of P. G. County			128 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY			
	o o	USUA	L RESIDENCE (IF NURSIA	IG HOME OR C	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)			Civil Servi	Ce I	GOV	/ · C
y falled should t	36	_	ryland	Pr.		Seabi				3442 Bubarry	Avenu	le	
. v	medicol exomin		ther's name vin N	athañ	DOLE	Warren		Mary FIRST		izabeth	Ta.	ylot's	г
d co	dicol		AS DECEASED EVER IT		NED FORCES?	166 SOCIAL SE	ECURITY NO	17 INFORMANT		ADDRESS			
			no	1	2.	070 05	0864	Helen Wa	rren	Same as #	13		
en signed by the ottending phy Then please remove carbonpo ir to burial, cremation, or remo	njury, or other troumotic event, the	ION	Conditions, if any, gave rise to imme cause (a), stating underlying cause	which ediate the last.	CAUSE (a) DUE TO, O (b) DUE TO, O (c)	Ladia	oyenice of (Laberile NOT RELATED TO	uel is, for the/fermin	Lion Park III			79 109 1.3.7
hos bee	no smo	CERTIFICATION	10.29 7	on 19	Incond Inke	THE POR WHI	l Obe	Tuel	0		IB. IF YES, WE CERTIFYING YES [
	Hem 18 sh		218. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DE ATI			DAY YEAR	21c HOW INJURY	Y OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 C	ORPART 2)	-
offending ter this ce is the burn h and Men	rked or h	MEDICAL	21d INJURY OCCURRE	ED	21e PLACE			211 LOCATION STREET		CITY OR TOWN	CI	OUNTY	STATE
Spitol or CTOR. Al for use of Healt	121 із то		22a I certify that (1) (1 saw the decease abave, (1) (w	Me on_	view the body	19	7//	nd that in (my) (our	r) opinion de	oth occurred on the date	and haur and	1 1	that (I) (we) lost causes stated
the horal DIRE detached	T. H hen		27% SIGNATUR	u		MD.	FAC	DEGREE ATTEM	NDING SICIAN	MEDICAL STAFF		22c. DATE :	3.79
reformed by TO FUNERA Should be de	APORTA		22d PHYSICIAN'S NA	V (~	LES		CH9	O LI	WESVER	SANS	2000	ZR
BP	S	23a. B	URIAL, CREMATION, R PECHY) Cremati		236 DATE			EMETERY OR CREM Litan Cre	emator	23d LOCATION CITY OF TOWN Alexandria			STATE
DHMH-16 2	0M	24. FL	NERAL DIRECTOR RO	bert	G. Bea	11 Fune	ral Hom	e - 1/	25e. DATE	REC'D. BY REGISTRAR 256	REGISTRAP"	SSIGNAT	URE
(VRA 15, 4)		90	13 Annapol	is Rd	. Lanha	em, Md.	20801	NOV		MUV U 6 19/19	prog	Fry /s	Ke Creedy



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BP.

DHMH - 16 50M 7/77

(VRA 15 (4))

REGISTRAR

Ave 20020 LAST APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (my) (opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN COUNTY Burial Thomas Ch. Cem. Brandywine Md 25g. DATE REC'D. BY REGISTRAR 25b 24 FUNERAL DIRECTOR ADDRESS 1979 NAME Aquasco. Maryland 20608 Martell Adema

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

IF UNDER 1 YEAR

INDUSTRY

DAYS

2b. HOUR

HOURS

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

2 P V B B V V V V V B B V 9 5 to him Dowald L 3956 Lene, Caye, 20020 And mention apprended at the first VIII BOSOS DI BENTRO LEGIBRETA DE SESTE EL LEGIR

requires that the death certificate be

ATTENDING PHYSICIAN: The low

TO HOSPITAL

retained by the haspital or attending physicia

completely filled in by the funeral director, page 3 s 1 and 2 should be filed within 72 hours after death

notified of once.

medical exami

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked ar Item 18 shaws any

STATE OF MARYLAND

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	1 - STATE REGISTRAR	DEPARTM		ICATE OF DEATH	REG. NO.	2 8	1	96
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	L	AST	20. DATE OF DEATH MON	H DAY	YEAR	26 HOUR
ı	WILLIE	MAE	WEAVE	ER	NOVEMBER 10	1979		0153A M
	3 SEX FEMALE	4 RACE CAUCASIAN	S DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTH!	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN
-	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TENNESSEE	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	PRINCE GEURG			MD.
71	ANDREWS AIR	11. NAME OF HOSPITAL, NURSIN	ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) IN	DUSTRY	F BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE	MATCOLM GROW MED OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13c. CITY OR TOWN AMS MANNASSA	ADMISSION]	13d INSIDE CITY LIMITS? YES X NO	HOUSEWIFE 13e STREET ADDRESS 104 COURTNEY		ouse	ewife
	EDGAR BUD	ZACHARY		15. MOTHER'S MAIDEN NA/	WE		GIBB	
	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 166 SOCIAL SECUR		17. INFORMANT JAMES O WEAVE	104 COUR CR (H) MANNASSA	TNEY I)R /A 22	110
	PART I. DEATH WAS CAUSED	E CAUSE (D) Kespira to		and cardiae Breagt Car	arrest		30	MATE INTERVAL DNSET AND DEATH
	Canditions, if any, which gove rise to immediate cause 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE (b) Meta 3		Breagt Car	elnoma			
		ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN	PART 1(a	2)
	190 DATE OF OPERATION 9 NOV 7 9 210. ACCIDENT WAS UNDERLYING	Pericardial	DPERATION E.A.	usion	YES NO	. IF YES, WER CERTIFYING YES	CAUSES	
	OR CONTRIBUTING CAUSE OF DEA	P.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN 17	EM 18, PART 1 OF	R PART 2]	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OF TOWN	со	YINU	STATE
	22a. L certify that (1) (this haspit saw the deceased alive on		29 c	nd that in (my) (our) opinion of	death accurred an the date as	nd hour and		that (I) (we) lost

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Clapps Chapel

DEGREE

22e. ADDRESS

ATTENDING PHYSICIAN

25a. DATE

23d LOCATION CITY OR TOWN COTTY Tenn. ton

MEDICAL STAFF

STATE

10 Neu

Funeral Home Manassas Virginia

REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

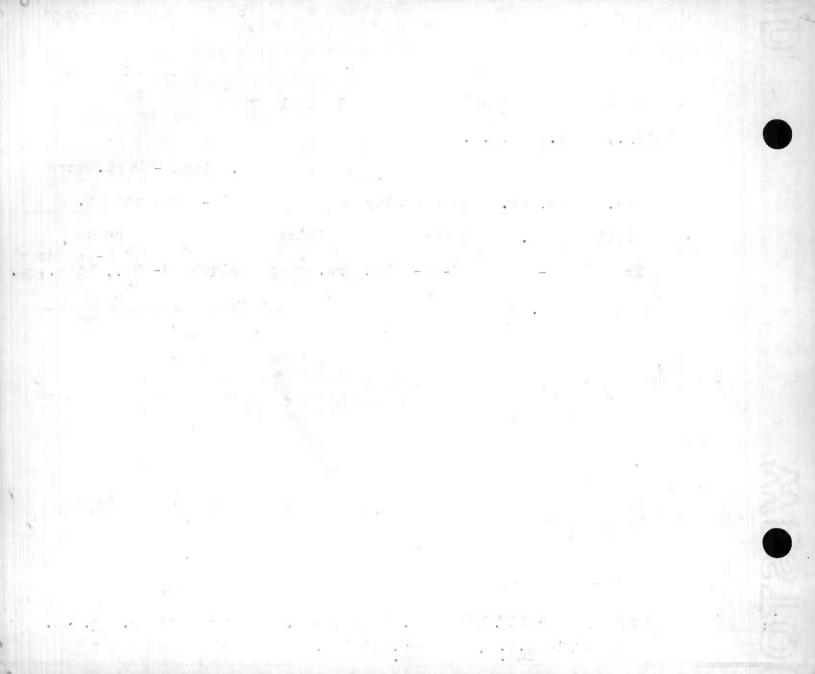
FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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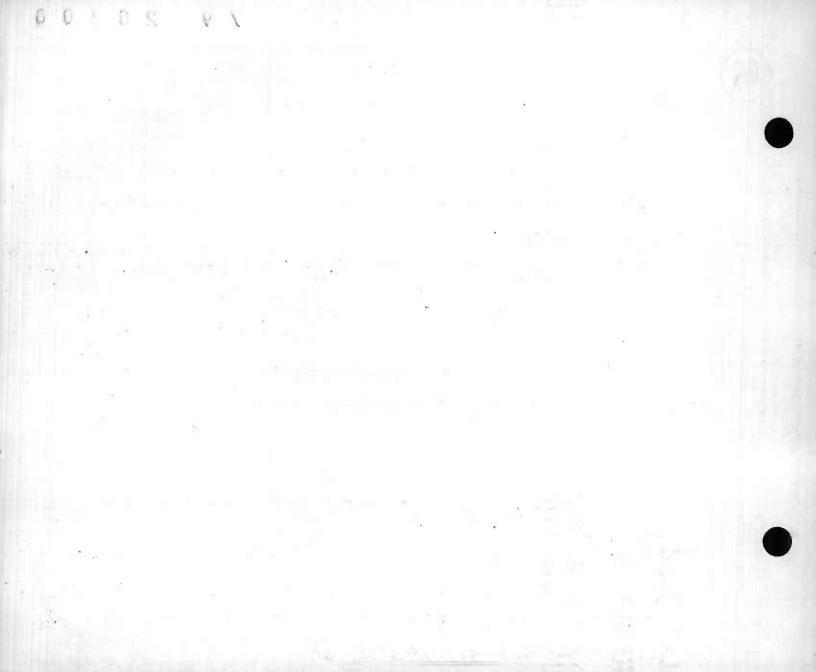
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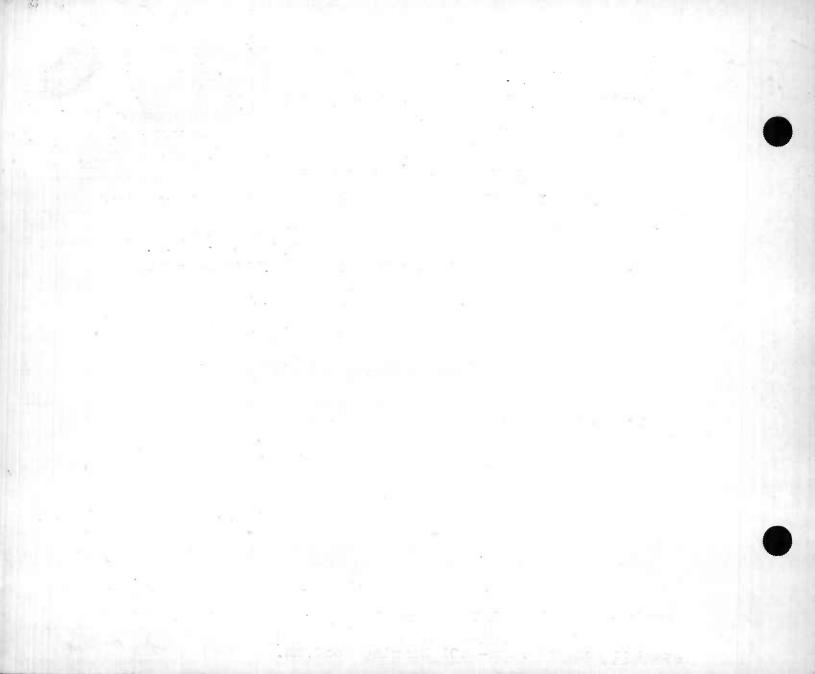


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR - STATE REGISTRAR

L DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

79-28803

REG. NO 2s. DATE OF DEATH MONTH 2b. HOUR

11-23-79 3:45 IF UNDER I YEAR IF UNDER 24 HRS HOURS

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRUS GOVIT.

Airplane Mechanic Ft. Belvoir. Va.

LAST Gilbert Address Same as

No # 13e. APPROXIMATE INTERVAL

NA IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY STATE

77r. DATE SIGNED

COUNTY

STATE

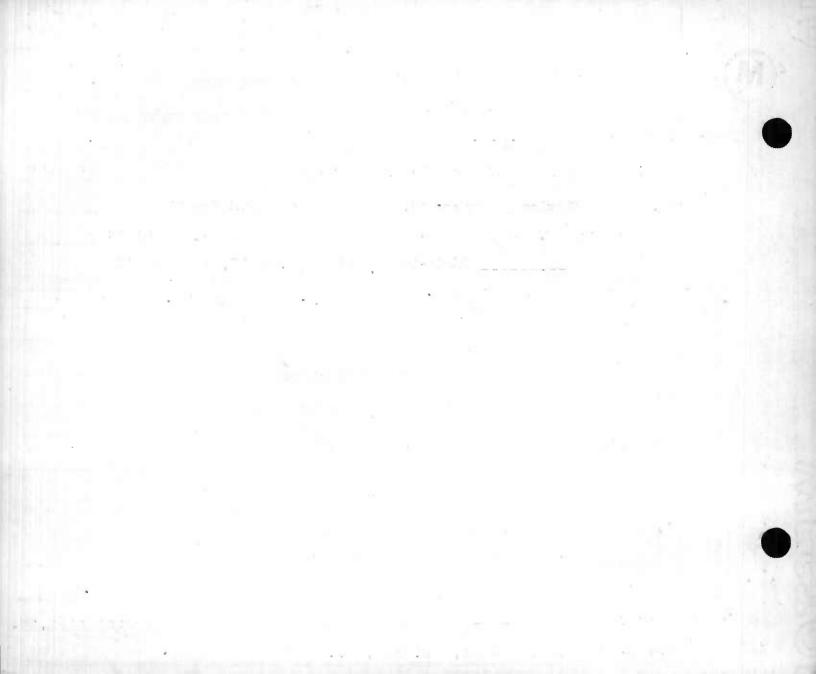
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PRINCE GEORGE'S GEORGAL HOSPITAL

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	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST 120 DATE OF DEATH MONTH DAY YEAR 120 HOUR						
		CEASED NAME FIRST			_	20 DATE OF DEATH		- Tarin	2b HOUR
	3. SE	Elma	A nn	Wol:		1.465	11/	13/79	5:57p
	3. 36				2/05/04 YEAR	6 AGE JIN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	7. 0	Female	02 (Ca		2/05/04	75	YRS.	N OF DEATH	
35	- 0	OUNTRY STATE OF FOREIGN	1.5.A.	MARRIE WIDOWE	DIVORCED	Prince			unty MD
Spilled 2		Clinton, Md.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GME Southern	STREET ADDRESS!		12e USUAL OCCUPAT	ION	12h, KIND C	DE BLISINESS OR
35	13e. Mc	Char		RIOWN	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS Rt.1 Box	20		
E (/)	14. F.	ATHER'S NAME FIRST	MIDDLE LAS	ST	15. MOTHER'S MAIDEN NA	ME		LAS	ST.
See Se		Warren H	. Jackson		Emma	E.		illips	,,
medico	16a \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (#YES, O		L SECURITY NO. LO-8493	Arthur D.	Wolf, sam			IMATE INTERVAL ONSET AND DEATH
y, ar other traumatic event,		Canditions, if any, which gave rise to immediate couse 101, stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF 2	were CHF	y achylicke		yr.	3.
injury,	N N	C.V.	1	hermyst	7				
2 Junes out	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES []	
morked or Item 18 sha	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTI	H DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18	, PART 1 OR PART 2)	
	MED	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY JAT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
DW 51 17 E		sow the deceased alive abave, (1) (we) (did) (did	spital) attended the deceased on	_19, ar	id that in (my) (our) opinian	, to death occurred an the d	ate and ho	our and from the	
±			estrachas	_ ^		MEDICAL STA		22¢ DATE	13.79
MPORTANT		P. JESH	E OR PRINT! A CHARLY		505 Char	les Proj. Can	les.	Walls	755
4		BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	236. LOCATION CITY OR TOWN		COUNTY	STATE
	B	urial	11-17-79	McHenr	y Cemetery	Rhodesd	ale,	Dorche	ster, Mc
)M 7/7B		UNERAL DIRECTOR TE Huntt Fun	neral Home, N	 Waldorf		NOV 2 3 19/	256. REGIS	STRAR'S SIGNAT	to Credy



PORTS REPUBLIC, MD.

FOR

REGISTRAR

- STATE

DHMH-16 20M

(VRA 15, 4) 7/78

DOMALD V. BORGWARDT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

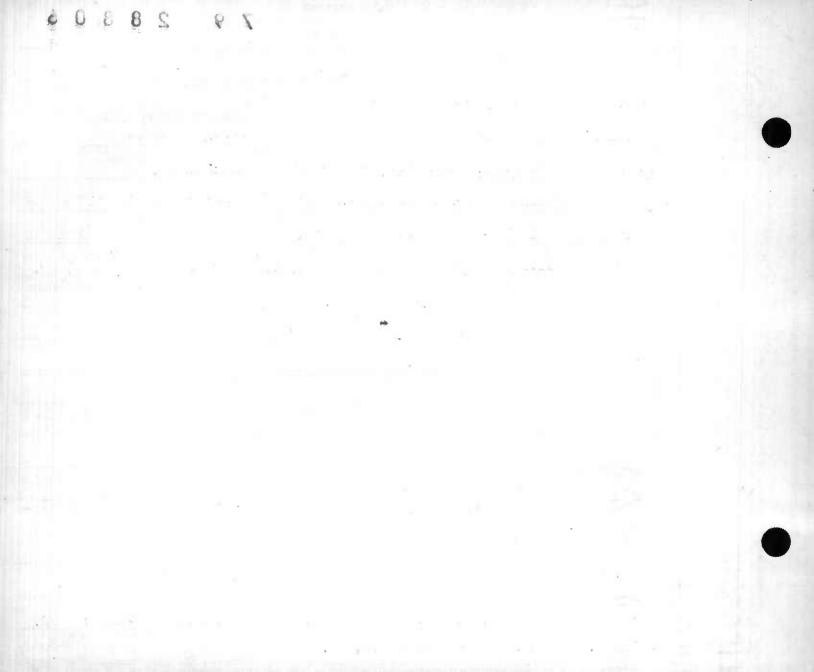
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

